

# Undergraduate Certificate Declaration Form

## Section 1: To be completed by the Student

First & Last Name:

|   |                    |
|---|--------------------|
|   |                    |
| Date:   | Student Signature: |
| <p><b>Are you a veteran student using VA education benefits? If yes, check the box.</b><br/>                 (Staff, contact VA SCO, <a href="mailto:dtshelito@stthomas.edu">dtshelito@stthomas.edu</a> ensure VA 85/15/ policy is enforced.)</p> |                    |
| Undergraduate Certificate Program:  |                    |

Please affirm that you agree to comply with the St. Thomas academic policies.

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| As an undergraduate student, I will adhere to the University of St. Thomas <a href="#">Academic Integrity Policy</a> , and I will act with honesty, integrity, respect, and accountability in all my actions |
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## Section 2: To be completed by Certificate Program Director

|                            |                          |       |
|----------------------------|--------------------------|-------|
| Director's Name (Printed): |                          |       |
| Director's Signature:      | Catalog Year:            | Date: |
| Advisor's Name (Printed):  | Advisor's St. Thomas ID: |       |