



Registrar's Office, Academic Services

352 Lafayette Street

Salem, MA 01907

(978) 542-6300

<http://www.salemstate.edu/ce>

**STATEMENT OF INTENT TO COMPLETE – UNDERGRADUATE
CERTIFICATE OF COMPETENCY**

Clearly PRINT your name EXACTLY as you wish it to appear on your certificate:

First: _____ Middle: _____ Last: _____

SSU ID: _____

Address: _____

Telephone: _____ Email: _____

Certificate program to be reviewed for completion:

Please send this form to:

Registrar's Office, Academic Services

Salem State University

352 Lafayette Street

Salem, MA 01970

Signature

Date