

Department of Fine Arts

BFA CERTIFICATION APPLICATION

Be certain to provide accurate information. Incorrect or illegible entries will invalidate your application.

NAME:	
WSU ID#:	
LOCAL ADDRESS:	
TELEPHONE:	
EMAIL:	
Intended Major Area:	
Anticipated Graduation Date:	
Attempts to Certify:	1 st 2 nd 3 rd
Advisor:	

SPECIAL REQUIREMENTS

Please note any special requirements for your certification presentation (equipment, space, etc.):

THIS PART TO BE FILLED IN BY EVALUATION COMMITTEE:

CERTIFIED:		DEFERRED:	
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COMMITTEE MEMBERS:	

COMMENTS: