

NOTIFICATION OF COMPLETION –
CERTIFICATE PROGRAM

OLD DOMINION UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
1009 Alfred B. Rollins Hall
Norfolk, VA 23529
757-683-4425
FAX 757-683-5357
DegreeWorks@odu.edu

Name _____ University Identification Number _____
 Last First MI

Level: Undergraduate Graduate

Certificate Program (Catalog title only): _____

****CERTIFICATE PROGRAM USE ONLY****

To be completed by the certificate program coordinator and submitted to the Office of the University Registrar at DegreeWorks@odu.edu by the last day of examinations of the semester in which the certificate is completed.

Certificate requirements are based on the 20 Catal