



Application for Certificate in Undergraduate Research and Creative Activity

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Cell Phone _____

CNU Email _____

CNU ID# _____

Major (declared or intended) _____

Minor (declared or intended) _____

Minor (declared or intended) _____

Core or Major Advisor _____

Are you a transfer student? Yes No

If you are a transfer student, are you requesting that any transferred courses be counted towards the certificate requirements? Please provide details.

Intended graduation date (Mo/Year) _____

Signature _____

Date _____

- Submit this application with a copy of your unofficial transcript to orca@cnu.edu with the subject line "URCA Application."
- All information regarding the Certificate is available at cnu.edu/research
- Contact Dr. David A. Salomon, ORCA Director, at david.salomon@cnu.edu with any questions.

