



Northland Pioneer College

EXPANDING MINDS • TRANSFORMING LIVESSM

Request for Approval of a Dual Program/Objective/Certificate

APPLICANT INFORMATION:

Student ID # _____

Social Security #: _____ - _____ - _____ VA File # (If Applicable) _____

First Name: _____ M.I.: _____ Last Name: _____

GUEST SCHOOL (if applicable): _____

SEMESTER INFORMATION

Requesting Certification for: ☐ Spring ☐ Summer ☐ Fall Year 20____

Names of Dual Program/Objective/Certificate: (e.g.: AA, AAS Nursing, CCL Accounting, ect.)

1) _____

2) _____

Single career field to which the dual program/objective/certificate leads:

Justification/Explanation: _____

Student Signature

Date

Advisor Signature

Print Name

Date