



SIMMONS UNIVERSITY
Office of the Registrar
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CERTIFICATE IN SPORTS NUTRITION ADD/DROP FORM

Current graduate nutrition students should complete this form to add or remove the Certificate in Sports Nutrition (CSN) Program to or from their program of study. The form should be submitted as soon as a student decides to add the program and no later than the semester before the last CSN course.

Student Name: _____ Simmons ID: _____

E-mail Address: _____ Phone Number: _____

☐ Add the Certificate in Sports Nutrition to my program of study.

Anticipated conferral date: Year _____ ☐ January ☐ May ☐ August

☐ Remove the Certificate in Sports Nutrition from my program of study.

Student's Signature: _____

Date: _____

Academic Advisor's Signature: _____

Date: _____

*Academic advisor must enter this change in the department records.

Please return the completed form to the Office of the Registrar.

OFFICE USE ONLY: Processed Date _____ Initials _____