



2011 Certificate of Registration for Sigma Tau Delta Scholarship

This certifies that _____
(print full name)

(local mailing address)

_____ (phone number) _____ (email address)

and a recipient of a Sigma Tau Delta scholarship, is enrolled as a regular student at

(name of college or university)

(school address)

(name of degree program)

and is registered as a full-time student in the fall 2011 semester or quarter.

Course Number	Course Name	Credit Hours

Signed _____
Registrar

Date _____

Seal

*Failure to include the school seal
will result in the return of this form
and a delay in the processing of
your scholarship check.*

Mail the completed form to:

Sigma Tau Delta
Department of English
Northern Illinois University
DeKalb, IL 60115-2863

For Sigma Tau Delta Central Office Use Only:

Name of Scholarship _____

Scholarship Amount _____ Check No. _____ Date _____