



THE UNIVERSITY OF  
WINNIPEG

**Declaration Form  
Certificate in Writing  
Department of Rhetoric, Writing,  
and Communications**

Please Print

Student #: \_\_\_\_\_

Surname: \_\_\_\_\_

Email: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

**Degree seeking:**

**OR**

**Non-Degree seeking:**

Degree: ☐ BA ☐ BSc

Calendar Year (mandatory): \_\_\_\_\_

Major Program: \_\_\_\_\_

Date: \_\_\_\_\_

Calendar Year (mandatory): \_\_\_\_\_

Department Chair signature:

Date: \_\_\_\_\_

\_\_\_\_\_

Department Chair Signature:

\_\_\_\_\_

**Student:** Please return this form to the Department of Rhetoric, Writing, and Communications.

**DA:** A copy of this form should be given to the student (1) and filed for Departmental records (2).

The Academic Calendar year is mandatory for Student Planning purposes. This is the year of the Academic Calendar containing the requirements you must complete to earn the Certificate. It corresponds to the year of admission to the University unless you formally request to change it.