CERTIFICATE REQUEST FORM

Today's Date

(Please PRINT your name exactly as it should appear on your Certificate)

Full Name: _____
First Middle Last

_____
Street City State Zip County

*****I have been following the curriculum requirements for academic year_____, and my academic records should be reviewed accordingly.**

_____ _____ _____
Social Security Number Phone Number Signature

CREDIT CERTIFICATE PROGRAMS

CHECK ONE:

[ ]Microsoft Applications
[ ]Alcohol/Drug Counseling
[ ]Basic Police Training Academy
[ ]Behavior Management Aide
[ ]Educational Assistant
[ ]Business Management
[ ]Certified Purchasing Mgr.
[ ]Child Development Associate
[ ]Tool & Die Management
[ ]Drafting & Design Technology
[ ]Electrical Maintenance Tech.
[ ]Family Service Worker(credential)
[ ]Human Resource Management
[ ]Early Childhood Education
[ ]Heating, Ventilation, and Air Cond.
[ ]Taxation

[ ]Medical Transcription
[ ]International Trade
[ ]Manufacturing
[ ]Mental Retardation
[ ]Accounting Clerk
[ ]Bookkeeping Clerk
[ ]Networking
[ ]Nonprofit/Grant Writing
[ ]Office Skills
[ ]PC Repair
[ ]Pharmacy
[ ]Sales & Marketing
[ ]Tool & Die
[ ]Welding

[ ]December 2000
[ ]March 2001
[ ]June 2001
[ ]September 2001

CERTIFICATE POLICY

1) There is no fee for issuing of credit certificates. You may request certificates every time you complete a certificate program.
2) No certificate can be issued until all coursework is completed. If your request is denied because academic requirements are not fulfilled, it will be necessary for you to complete another request in the term in which you complete your work.
3) Certificates will be mailed to you at the above address approximately four weeks after the posting of grades at the end of the term.

Coursework Completed Yes No _____
Coursework Completed Yes No _____