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

_____ _____ _____
Social Security Number Phone Number Signature

CREDIT CERTIFICATE PROGRAMS

CHECK ONE: * Please complete a separate form for each request.**

- ☐ Accounting Tax Clerk
- ☐ Alcohol/Drug Counseling
- ☐ Child Development Associate (CDA)
- ☐ Computerized Accounting
- ☐ Community Health Worker
- ☐ Early Childhood Education
- ☐ Educational Assisting
- ☐ Engineering Design
- ☐ Forensic Science
- ☐ Graphic Design/Multimedia
- ☐ Infant/Toddler
- ☐ Integrated Systems Technology
- ☐ Language Arts & Literacy
- ☐ Microsoft Applications
- ☐ Networking -Microsoft
- ☐ Networking-Novell
- ☐ Office Skills
- ☐ PC Repair
- ☐ March 09
- ☐ June 09

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 you 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.

FOR STUDENT RECORDS USE ONLY:

Coursework Completed YES NO _____

Coursework Completed YES NO _____