

**APPLICATION for
CERTIFICATE OF COMPLETION**

Please Print

Today's Date _____

Name _____ Soc Sec# _____ - _____ - _____
Last First M.I.

Address _____ Phone # () _____
Number City State Zip

Complete this form and bring it to the BUSINESS & COMPUTER TECHNOLOGY DIVISION Office, room R201. Submit one application form for **each** certificate requested.

When your certificate is ready it will be mailed to you at the address you have given above.

1. I am applying for a Certificate of Completion in : *

2. I followed and completed the requirements for this certificate from the catalog year of

_____.

Signature of Student

**NOTE: If you are applying for a Certificate of Completion in the CIS area do not use this form.*

FOR OFFICE USE ONLY:

Certificate issued on _____

By _____

Recorded