

Application for Awarding of Certificate

• Please Print Legibly or Type •

Application Deadlines: Fall Grad – May 31		Spring & Summer Grad – October 31	
Name:			
(EXACTLY as it sh	ould APPEAR on the Diplo	ma and Commencement Program)	
Student ID#:	Last 4 of SS#:	Phone#:	
Address to mail diploma if unable to pick up:			
Certificate for which you are making application			
Accounting			
Career Technical Licensure			
Healthcare Administration			
Information Processing			
Information Technology			
Marketing			
Medical Coding and Billing			
Medical Transcriptionist Pharmacy Technician			
Professional Banking			
Small Business Management			
Spanish			
Welding			
Welding			
Term and year of completion: (Please check one	-)		
	_		
Summer Semester 2024			
Fall Semester 2024			
Spring Semester 2025			
Summer Semester 2025			
Please Note: Certificate Only students do not pa	articipate in the commenc	ement ceremony.	
X			
STUDENT SIGNATURE		DATE	
FEE REQUIRED: \$10* Self-pay: □	Add	d to Account:	

*The University reserves the right to change the fee as necessary. Payment must be submitted by March 31st.