

APPLICATION FOR CERTIFICATE OF COMPLETION

(Submit a separate application for each certificate)



NAME \_\_\_\_\_  
PRINT as you wish it to appear on your certificate

SID# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS you want certificate mailed to: \_\_\_\_\_

\_\_\_\_\_ City State Zip

YEAR & QUARTER in which you expect to complete the graduation requirements:

\_\_\_\_\_ Year \_\_\_\_\_ Fall (Dec.) \_\_\_\_\_ Winter (March) \_\_\_\_\_ Spring (June) \_\_\_\_\_ Summer (Aug.)

This certificate is from the GHC catalog year \_\_\_\_\_ (i.e. 2006 – 08)

**Type of certificate for which you are applying**

\_\_\_\_\_ Accounting/Bookkeeping

\_\_\_\_\_ Industrial Control Systems

\_\_\_\_\_ Advanced Diesel Technology

\_\_\_\_\_ Medical Records Office Assistant

\_\_\_\_\_ Automotive Technology

\_\_\_\_\_ Office Technology

\_\_\_\_\_ Business Management

\_\_\_\_\_ Power Operations

\_\_\_\_\_ Commercial Truck Driving

\_\_\_\_\_ Practical Nursing

\_\_\_\_\_ Criminal Justice

\_\_\_\_\_ Related Welding

\_\_\_\_\_ Diesel Technology Fundamentals

\_\_\_\_\_ Small Business/Entrepreneurship

\_\_\_\_\_ Forestry Technician

\_\_\_\_\_ Software Applications

\_\_\_\_\_ Human Services

\_\_\_\_\_ Welding Technology

US Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

Member of Phi Theta Kappa \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Student Signature Date

Preliminary OK \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved: YES \_\_ NO \_\_\_\_\_

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

GPA: \_\_\_\_\_

Comments: