

Office Use Only:

YES ___ NO ___ Reason _____

Transcript noted: _____

Authorization form: _____ or Order form: _____

Date: _____ GPA _____



**GRAYS HARBOR
COLLEGE**

CERTIFICATE OF COMPLETION APPLICATION

(Please submit a separate application for each certificate)

NAME: _____ SID#: _____/_____/_____

PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE

MAIL CERTIFICATE TO: _____

(Allow 3-4 MONTHS
AFTER COMPLETION) Address _____

City _____ State _____ Zip _____

LIST OTHER COLLEGES ATTENDED: _____

I am applying for the following certificate from GHC Catalog year _____ (i.e. 2002-04 or 2004-06). The year a student starts a degree program (or declares a change of major) determines the catalog and requirements used for graduation evaluation. Any exception to a degree requirement, as printed in the applicable catalog, must be requested in writing. Address petitions to the Vice President for Instruction. Submit petition to Program Manager for Student Progression.

CERTIFICATE FOR WHICH I AM APPLYING TO RECEIVE IN: _____ QUARTER _____ YEAR.

- _____ Certificate of Completion – Accounting/Bookkeeping
- _____ Certificate of Completion – Aquaculture Technician
- _____ Certificate of Completion – Automotive Technology
- _____ Certificate of Completion – Business Management
- _____ Certificate of Completion – Criminal Justice
- _____ Certificate of Completion – Diesel Technology Fundamentals
- _____ Certificate of Completion – Advanced Diesel Technology
- _____ Certificate of Completion – Geographic Information Systems
- _____ Certificate of Completion – Human Services
- _____ Certificate of Completion – Medical Records Office Assistant
- _____ Certificate of Completion – Office Technology
- _____ Certificate of Completion – PC Maintenance and Service Technician
- _____ Certificate of Completion – PC Network Support Technician I
- _____ Certificate of Completion – Pharmacy Technician
- _____ Certificate of Completion – Practical Nursing
- _____ Certificate of Completion – Related Welding
- _____ Certificate of Completion – Small Business/Entrepreneurship
- _____ Certificate of Completion – Software Applications
- _____ Certificate of Completion – Trim Carpentry
- _____ Certificate of Completion – Watershed Restoration
- _____ Certificate of Completion – Welding Technology

ADVISOR NAME (please print) _____ MAJOR FIELD OF STUDY _____

STUDENT SIGNATURE _____ DATE _____