

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 _____

Type of certificate for which you are applying

- | | |
|---|---|
| _____ Accounting/Bookkeeping | _____ Forestry Technician |
| _____ Advanced Diesel Technology | _____ Human Services |
| _____ Automotive Technology | _____ Medical Office Administrative Support |
| _____ Business Management | _____ Power Technology |
| _____ Business Technology | _____ Practical Nursing |
| _____ Carpentry Technology | _____ Related Welding Technology |
| _____ Chemical Dependency (2014) | _____ Small Business/Entrepreneurship |
| _____ Commercial Food Preparation (2014) | _____ Welding Technology |
| _____ Commercial Transportation & Maintenance | |
| _____ Criminal Justice | |
| _____ Diesel Technology Fundamentals | |
| _____ Early Childhood Ed – State Certificate | |

US Veteran _____ Yes _____ No

Member of Phi Theta Kappa _____ Yes _____ No

Student Signature Date

Preliminary OK _____ Date _____	
<u>FOR OFFICE USE ONLY</u>	
Approved: YES _____	NO _____
Date: _____	By: _____
GPA: _____	
Comments:	