

APPLICATION FOR CERTIFICATE OF ACHIEVEMENT

(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 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

STUDENTS MUST RECEIVE A CUMULATIVE GPA OF 2.0 OR HIGHER
IN ALL REQUIRED CERTIFICATE OF ACHIEVEMENT COURSES

- _____ All Position Pipe Welding
- _____ Automotive Technology **Levels 1-6**
(please specify level number applying for)
- _____ Baking and Pastries
- _____ Basic Food Service
- _____ Basic Small Business Skills
- _____ Bookkeeping
- _____ Carpentry, Beginning
- _____ Carpentry, Advanced
- _____ Commercial Transportation & Maintenance
- _____ Diesel Technology **Levels 1-5**
(please specify level number applying for)
- _____ Early Childhood Education:
 - () Initial State Certificate
 - () Short State Certificate of Specialization:
 - () General
 - () Infants and Toddlers
 - () School Age Care
 - () Family Child Care
 - () Administrative

- _____ Industrial Welding
- _____ Introduction to Human Services
- _____ Meat, Poultry, Seafood Preparation
- _____ Medical Coding
- _____ Medical Transcription (before 2014)
- _____ Microcomputer Applications
- _____ Microsoft Office Applications
- _____ Nursing Assistant Training
- _____ Office Professional Certification
- _____ Open Root Pipe Welding
- _____ Pipe Welding Basics
- _____ Retail Bookkeeping (before 2014)
- _____ Retailing (before 2014)
- _____ Software Applications
- _____ Sustainable Landscaping/Gardening (before 2014)
- _____ Welding Basics: Level 1
- _____ Welding Basics: Level 2

- _____ Energy and Innovation Entrepreneurship
- _____ Formatting/Publishing Business Docs

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: _____