



Application for Graduation – Certificate Programs

RETURN COMPLETED FORM TO RECORDS OFFICE – FIRST FLOOR, SC4 WELCOME CENTER

Date _____ Phone number _____

Catalog year* _____

Student Number or Social Security Number

Print name the way you want it on your diploma in upper and lower case

December 20 _____

Address to where the diploma is to be mailed**

May 20 _____

August 20 _____

City, State, ZIP

*To be followed when evaluating your degree requirements. Please direct questions about your catalog year to the Records Office at (810) 989-5550.

**Provide address that is valid for diploma time frame: May graduates = diploma mailed in July;

August graduates = diploma mailed in October; December graduates = diploma mailed in March

Please check (✓) appropriate degree. One degree per application.

CERTIFICATE – ONE YEAR

____ Business, General (CERGB)

____ Computer Information Systems – Computer Applications (CERAP)

____ Emergency Services (CERES)

____ Engineering Technology (CERTE)

____ Management, Professional Certification (CERMN)

____ Marketing (CERMK)

____ Medical Assisting (CERMA)

____ Nursing, Practical (CERLP)

____ Office Administration – Clerical Specialist (CERCS)

____ Paramedic (CERPM)

____ Other* _____

*For students completing certificate programs that are no longer active.

FOR OFFICE USE ONLY

GPA _____

CL

MC

SC

MA/MTA

PTK