



Application for Graduation – Certificate Programs

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

Date: _____ Phone Number: _____ Catalog year* _____

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

Student number or Social Security Number

Address to where the diploma is to be mailed**

December 20____ May 20____
August 20____

City, State, ZIP

Are you in the Honors Program?
(circle one) YES NO

Preferred email: _____

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

**Provide address that is valid for diploma mailing time frame: May graduates = diploma mailed in July;
August graduates = diploma mailed in October; December graduates = diploma mailed in March

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

CERTIFICATE – ONE YEAR

- ____ Business, General (CERGB)
- ____ Computer Information Systems – Applications for Business (CERAP)
- ____ Engineering Technology (CERTe)
- ____ Management, Professional Certification (CERMN)
- ____ Marketing (CERMK)
- ____ Medical Assisting (CERMA)
- ____ Nursing, Practical (CERLP)
- ____ Paramedic (CERPM)
- ____ Other* _____

*For students completing certificate programs that are no longer active

FOR OFFICE USE ONLY	GPA _____	CL	MC	SC	MA/MTA	PTK
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