



Application for Graduation – Certificate Programs

Return completed form to Records Office – First Floor, SC4 Welcome Center

Date: _____

Catalog year*: _____

Phone: _____

_____ Student number or Social Security number

December 20 _____

May 20 _____

August 20 _____

Are you in the Honor Program?

(circle one) Yes No

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

_____ Address to where the diploma is to be mailed**

_____ City, State, ZIP

Preferred email: _____

*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 mailing time frame: May graduates = diploma mailed in July;
August graduates = diploma mailed in October; December graduates = diploma mailed in March

Please check (✓) the appropriate degree. 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)
- _____ Nursing, Practical (CERLP)
- _____ Paramedic (CERPM)
- _____ *Other _____

* For students completing degree programs that are no longer active.

For office use only

GPA _____

CL

MC

SC

MA/MTA

PTK