



Application for Graduation – Certificate Programs

RETURN COMPLETED FORM TO RECORDS OFFICE – Room 103, 1st Floor Welcome Center

Or email to enrollment@sc4.edu

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 where the diploma is to be mailed**

December 20____ May 20____

August 20____

City, State, ZIP

Preferred E-mail Address

*To be followed when evaluating your degree requirements. Please direct questions about your catalog year to the Records Office at (810) 989-5500.

**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 certificate. One certificate per application.

Certificate

____ Business, General (CERGB)

____ Computer Information Systems—Applications for Business (CERAP)

____ Engineering Technology (CERT E)

____ Graphic Design (CERGD)

____ Management, Professional Certification (CERMN)

____ Marketing (CERMK)

____ Nursing, Practical (CERLP)

____ Other* _____

*For certificate programs that are no longer active

FOR OFFICE USE ONLY

GPA _____

CL

MC

SC

MA/MTA

PTK