



Application for Graduation – Certificate Programs

RETURN COMPLETED FORM TO RECORDS OFFICE – Room 105, 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

December 20____ May 20____

Address where the diploma is to be mailed**

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 (CERTe)
- ____ 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*For certificate programs that are no longer active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
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