



# CERTIFICATE PROGRAMS APPLICATION FOR GRADUATION

NAME \_\_\_\_\_ SS # \_\_\_\_\_

Print name exactly as you wish it to appear on your diploma.

MAILING ADDRESS: \_\_\_\_\_

Give the address where you want your certificate mailed. City State ZIP

Semester applying for Graduation: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20\_\_\_

Do you plan to participate in the Spring Commencement Ceremony? \_\_\_ Yes \_\_\_ No

(This is the Annual Ceremony held in Rangely, on a Saturday)

Are you currently a member of Phi Theta Kappa? \_\_\_ Yes \_\_\_ No

**FEES:**

\_\_\_ Free Printed on Transcript Only

\_\_\_ \$10.00 Certificate and Copy of Final Transcripts

\_\_\_ \$30.00 Certificate, Copy of Final Transcripts, Cap and Gown, and Honor Cords (if applicable)

Mark the certificate area for which you are applying:

**CERTIFICATE OF COMPLETION, Emphasis in:**

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting                                      | <input type="checkbox"/> Early Childhood Professions/Director         |
| <input type="checkbox"/> Aviation Maintenance Technology                 | <input type="checkbox"/> Early Childhood Professions/Group Leader     |
| <input type="checkbox"/> Aviation Technology                             | <input type="checkbox"/> Early Childhood Professions/Infant & Toddler |
| <input type="checkbox"/> Cert. Flight Instructor                         | <input type="checkbox"/> E-Commerce Business                          |
| <input type="checkbox"/> Cert. Instrument Flight Instructor              | <input type="checkbox"/> E-Commerce Technology                        |
| <input type="checkbox"/> Cockpit Resource Management                     | <input type="checkbox"/> Emergency Medical Technology Professional    |
| <input type="checkbox"/> Commercial Pilot                                | <input type="checkbox"/> Emergency Medical Technology Basic           |
| <input type="checkbox"/> Instrument                                      | <input type="checkbox"/> Emergency Medical Technology Intermediate    |
| <input type="checkbox"/> Multi Engine                                    | <input type="checkbox"/> Geographic Information Systems               |
| <input type="checkbox"/> Private Pilot                                   | <input type="checkbox"/> Massage Therapy                              |
| <input type="checkbox"/> Construction Technology I                       | <input type="checkbox"/> Nurse Aid                                    |
| <input type="checkbox"/> Construction Technology II                      | <input type="checkbox"/> Office Admin/Desktop Publishing              |
| <input type="checkbox"/> Cosmetology Occupations/Cosmetology             | <input type="checkbox"/> Office Admin/Legal Admin. Asst               |
| <input type="checkbox"/> Cosmetology Occupations/Esthetician Cosmetician | <input type="checkbox"/> Office Admin/Office Administration           |
| <input type="checkbox"/> Cosmetology Occupations/Hairstylist             | <input type="checkbox"/> Office Admin/Office Management               |
| <input type="checkbox"/> Cosmetology Occupations/Nail Technician         | <input type="checkbox"/> Process Technology                           |
| <input type="checkbox"/> Criminal Justice/Law Enforcement                | <input type="checkbox"/> Web Design                                   |
| <input type="checkbox"/> Criminal Justice/Seasonal Park Ranger           |   |
| <input type="checkbox"/> Discontinued Program _____                      |   |

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

<i>For Office Use Only</i>	<i>Date</i>	<i>By</i>
___ Application Received	_____	_____
___ Graduation Fee Paid	_____	_____
___ Graduation Certified	_____	_____
___ Degree Awarded	_____	_____
___ Certificate Processed	_____	_____
___ Certificate Mailed	_____	_____
___ Final Graduating GPA	_____	by _____