



STUDENT APPLICATION FOR A CERTIFICATE

Name _____

Please print your name clearly as you wish to have it printed on your certificate.

Mailing Address _____

City, State, Zip _____

Student Signature _____

Student's Social Security Number _____

Campus Americus Cordele
(Circle one)

Certificate Requested _____

Today's Date _____

Certificates will be mailed to the above address if the student is not currently enrolled.

Employment Expectation *(circle one)*

- | | |
|--------------------------------|-----------------------------------|
| 01 Employed in field | 07 Military |
| 02 Employed in related field | 08 Not Available or Employment |
| 03 Employed in unrelated field | 09 Refused Employment |
| 04 Unemployed | 10 Employed in Field and Cont. ED |
| 05 Status Unknown | 11 Employed in Field and Con ED |
| 06 Continuing Education | 12 Employed in Unrelated & Con ED |

This student is eligible to receive the above-requested certificate.

Advisor's Signature

Credit Hours
(if needed for the certificate.)

Date

Registrar's Signature

Date

Certificate: Issued to Instructor or mailed (circle one)

Received: _____

Printed: _____