



WAUBONSEE COMMUNITY COLLEGE
APPLICATION FOR CERTIFICATE

This form MAY NOT be used to apply for an associate degree.

DATE: _____

X Number _____ **OR** Last 4 digits of Social Security number ___ __ __ __

NAME: _____

print name exactly in the order it should be printed on the certificate

Street number and name

City, State & Zip Code

NAME OF THE CERTIFICATE: _____

CODE # OF CERTIFICATE (see catalog): _____

What year catalog are you using? _____

Students are responsible for the certificate requirements in the college catalog at the time they complete the first credit course or a subsequent catalog but may not combine requirements from different catalogs. No student may earn a certificate using a catalog that is more than five years old prior to the date of graduation.

Has any of the credit toward this certificate been earned at another college? _____

If so, where? _____

Copies (no originals) of the transcripts must be attached to this form.

Has the Dean for this certificate approved any substitutions or waivers? _____

Copies (no originals) of the letter/memo from the Associate Dean must be attached to this form.

The certificate will be completed: _____

Requests for certificates need not be submitted until the requirements have been completed or during the semester of completion.

SIGNATURE

Completed request forms should be submitted to PAULA BENDER in Counseling, Student Center Rm 262, Sugar Grove Campus.

Students should consult the catalog or a counselor for additional information concerning applying or requirements for certificate.

OFFICE USE ONLY

Regular
Special

Recorded on CRT _____

Sent to Student _____