

West Georgia Technical College

Technical Certificate Completion Form

Please Print Information (name below will appear on certificate)

(When Completed Please Return Form to Registrar's Office)

\$35 Processing Fee

Receipt # _____

(CERTIFICATE COMPLETERS DO NOT PARTICIPATE IN THE GRADUATION CEREMONY)

Student's Name (print) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (home) _____ (work) _____

Certificate Program Completed _____

Please Check Quarter of Completion: Summer _____ Fall _____ Winter _____ Spring _____

Student Signature _____ Social Security # _____

THIS AREA TO BE COMPLETED BY ADVISOR

Advisor's Signature _____

Advisor completes this area instead of turning in an Official Withdrawal Form.

CERTIFICATE GRADUATES ONLY: Last Date of Attendance _____

Employment Status (check one) Employed in Field _____, Employed in Related Field _____, Employed in Unrelated Field _____, Unemployed _____, Status Unknown _____, Continued Education _____, Employed Field & Continuing Education _____, Employed Related Field & Continuing Education _____, Employed Unrelated Field & Continuing Education _____, Military _____, Not Available for Employment _____.

Employer Name: _____

Employer Address: _____

Employer Phone # and Contact Person: _____

Continuing Education Information: _____

THIS AREA TO BE COMPLETED BY REGISTRAR'S OFFICE

Courses verified in BANNER: _____

Certificate processed and mailed: _____

Exit Information Keyed into BANNER: _____