

Graduation Application CERTIFICATE OF ACHIEVEMENT

IMPORTANT!! COMPLETE ALL OF THESE STEPS:

STEP 1: REGISTER for graduation at the Student Services Center (1st floor in B Building) or Web Registration at <http://www.bcc.ctc.edu/services/>. Use **GRD1** for the registration item number (if applying for more than one certificate, also register for GRD2 and so on.).

STEP 2: PAY the application fee for each application either online or at the Cashier's Office.

STEP 3: SUBMIT the completed application form to the Student Services Center or the Evaluations Office at least two quarters prior to the expected quarter of graduation.

Deadlines for application (strictly enforced):

- Summer Graduation – March 15
- Fall Graduation – June 1
- Winter Graduation – October 10
- Spring Graduation – December 10

Note: The college holds you responsible for familiarizing yourself with requirements for graduation and regulations applicable to your certificate. It is your responsibility to see that your projected registration below brings your credits to the required total.

Will you be using credits from another college to fulfill BCC certificate requirements? Yes No

If yes, official transcripts in sealed school envelopes must be submitted to the Evaluations Office.

List other colleges and last quarter attended:

Check One: Original Application Reapplication

Student ID No. _____ - _____ - _____

Your name as it will appear on the Diploma - Please Print Clearly

_____ FIRST MIDDLE LAST

Local Address: _____

City/State/Zip: _____

Phone - Day: _____ Evening: _____

E-mail address: _____

Note: We will communicate with you by e-mail whenever possible. Please make sure your e-mail address is legible and valid.

SUBMIT RELATED DOCUMENTATION

- You are strongly advised to meet with your program chair to review your coursework for completing the certificate. Submit a copy of the review signed by the program chair so that your graduation evaluation can be completed.
- To apply any substitute courses toward your certificate, you must submit documentation signed by your program chair.

End of quarter you expect to receive the certificate:

Quarter: _____ Year: 20 _____

Signature of Applicant

Date

Certificate of Achievement (requires 45 credits or more for completion): Check only one per application

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accounting Assistant | <input type="checkbox"/> Database Administration Specialist | <input type="checkbox"/> Fire Science | <input type="checkbox"/> Operating System Support Specialist |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Digital Gaming | <input type="checkbox"/> Human Resources Assistant | <input type="checkbox"/> Programming for Web Development |
| <input type="checkbox"/> Advanced Animation and Graphics | <input type="checkbox"/> Digital Video Production | <input type="checkbox"/> Introductory .Net Programming | <input type="checkbox"/> Relational Database Developer |
| <input type="checkbox"/> Advanced Business Software Specialist | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Marketing Communication Assistant | <input type="checkbox"/> Retail Management |
| <input type="checkbox"/> Alcohol and Drug Counseling | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Medical Dosimetry | <input type="checkbox"/> Sales and Marketing |
| <input type="checkbox"/> Animation and Graphics | <input type="checkbox"/> Early Childhood Education - Work-Based Learning | <input type="checkbox"/> Microcomputer Support Specialist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Business Intelligence Developer | <input type="checkbox"/> Fire Officer | <input type="checkbox"/> Microsoft Network Support | |
| <input type="checkbox"/> Cisco Support Technician - IT | | <input type="checkbox"/> Nuclear Medicine Technology | |

YOUR PROJECTED REGISTRATION

Next Quarter _____ 20 _____	Final Quarter _____ 20 _____
<u>Dept.</u> _____ <u>Course No.</u> _____ <u>Credits</u> _____	<u>Dept.</u> _____ <u>Course No.</u> _____ <u>Credits</u> _____

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

This application is approved by: _____
Credentialed Evaluator/Program Manager

Date Approved _____



Credits earned at BC to date	
Credits applied to this program	
Transfer credits applied	
Other	
Total	