



# APPLICATION FOR PROGRAM CERTIFICATE UNDER 45 CREDITS

3000 Landerholm Circle SE,  
Bellevue, WA 98007-6484

**Deadline for Application:** The last day of the quarter you expect to receive the certificate.

**Procedures for Application:**

- Complete this form and submit it to the Evaluations/Graduation Office.
- Use one application for each certificate
- No application fee is required.
- To use credits from another college to fulfill the requirements, complete these two steps:
  - Submit a completion worksheet which the program chair signed and listed the accepted transfer-in courses
  - Submit an unopened official transcript to the Evaluations/Graduation Office (in sealed school envelope).
- Requests for exception to certificate requirements must be petitioned to the Evaluations/Graduation Office (Prior approval from program chair is required)

**Note:** The College holds students responsible for familiarizing themselves with requirement for completion of their short-term certificate.

Student ID No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your name as it will appear on the certificate  
**(Please Print Clearly)**

FIRST MIDDLE LAST

Address: \_\_\_\_\_

City/State/ZIP : \_\_\_\_\_

Phone - Day: \_\_\_\_\_ Evening: \_\_\_\_\_

BC Student E-Mail Address: \_\_\_\_\_  
*(We will contact you by your BC student email whenever possible. Please make sure the email is legible and valid.)*

End of Quarter you expect to receive the certificate:

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

**CERTIFICATES under 45 credits (Check one that is applicable)**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>— Accounting Info Systems</li> <li>— Bookkeeping</li> <li>— Bookkeeping Preparation</li> <li>— Breast Ultrasound</li> <li>— Business Intelligence Analyst</li> <li>— Business Software Specialist</li> <li>— Cardiac Intervention</li> <li>— Certified Nursing Assistant</li> <li>— Clinical Lab Assistant</li> <li>— CT Imaging</li> <li>— Database User Specialist</li> <li>— Desktop Publishing Print/Web</li> <li>— Electroneurodiagnostic Tech</li> <li>— Entrepreneurship</li> <li>— Fast Track (specify).....</li> <li>— Financial Information systems Specialist</li> <li>— Green Sustainable Design</li> </ul> | <ul style="list-style-type: none"> <li>— Health Unit Coordinator</li> <li>— Imaging Aide</li> <li>— Infant &amp; Toddler Care</li> <li>— Insurance Specialist</li> <li>— Intermediate Applications Developer</li> <li>— Interpretation</li> <li>— Introductory C++ Programming</li> <li>— Magnetic Resonance Imaging</li> <li>— Medical Information</li> <li>— Medical Office Reception</li> <li>— Healthcare Informatics</li> <li>— Nursing Assistant Certified</li> <li>— Office Assistant</li> <li>— Personal Fitness Trainer</li> <li>— Phlebotomy Technician</li> <li>— Professional Financial Data Report Specialist</li> </ul> | <ul style="list-style-type: none"> <li>— Project Management</li> <li>— Real Estate</li> <li>— Real Estate Appraisal</li> <li>— Real Estate Escrow</li> <li>— Real Estate Mortgage Finance</li> <li>— Relational Database Analyst</li> <li>— Retail Management</li> <li>— Sales &amp; Marketing</li> <li>— Translation</li> <li>— Vascular Interventional Program</li> <li>— Wilderness Skills</li> <li>— Other _____</li> </ul> |
|--|---|---|

**YOUR PROJECTED REGISTRATION**

| Quarter: |            |         |
|----------|------------|---------|
| Dept.    | Course No. | Credits |
|          |            |         |
|          |            |         |
|          |            |         |
|          |            |         |
|          |            |         |
|          |            |         |

**FOR OFFICE USE ONLY**

|                                 |  |
|---------------------------------|--|
| Credits earned at BC to date    |  |
| Credits applied to this program |  |
| Transfer credits applied        |  |
| Other                           |  |
| <b>Total</b>                    |  |
| This application approved by:   |  |
| Date approved:                  |  |