



APPLICATION FOR NONCREDIT CERTIFICATE

<input type="checkbox"/> Mail
<input type="checkbox"/> Pick up

Filing Period (insert year): Summer _____ Fall _____ Spring _____

Please print your name legibly as you wish for it to appear on your certificate: (use blue or black pen)

First Middle Last

Certificate of Competency: _____

Certificate of Completion: _____

Your signature below confirms your understanding of the statements below:

- I have met all the required hours for the certificate.
- It is my responsibility to submit this completed application to the Noncredit Student Success and Support Program (Noncredit Counseling) office.
- My certificate will be sent to the mailing address below approximately 3 months after positive attendance is recorded for the term in which the certificate was requested.
- My signature gives AHC permission to publish my name on the Noncredit Recognition Ceremony program and any other publications.
- I hereby authorize the exchange of information between Allan Hancock College Noncredit Student Success and Support Program (Noncredit Counseling) personnel and other college student services programs, departments, and staff to discuss or release information regarding my certificate application.

_____ H _____ /____/____ _____

Student Signature AHC Student Identification # Date of Birth Date

_____ _____ _____ _____

Mailing Address City State Zip Code

_____ _____ Male Female

Personal email Telephone number

I, the undersigned AHC counselor, verify that the above student has met all the requirements for a NC certificate from Allan Hancock College. Certificate requirement met? Yes No Petition from SM LVC SY

_____ _____ _____

Print Counselor Name Counselor's Signature Date

FOR COMMUNITY EDUCATION OFFICE USE ONLY:

Petition processed? Yes No If not, comments: _____

Initials and date

Entered in Excel: _____ Certificate prepared: _____ Certificate mailed: _____

Initials and date Initials and date Initials and date