

Guilford Technical Community College

PO Box 309 • Jamestown, NC 27282 • 336/334-4822 or 336/454-1126 • TTY 336/841-2158

Application for Certificate

Please print - complete entire form

Legal name only – no nicknames etc. – (Must match school records)

| First Name | Middle Name | Last Name | Maiden Name (if applicable) |
|------------|-------------|-----------|-----------------------------|
| | | | |

Address: _____ City: _____ State: _____

Zip: _____ Email: _____ Date of Birth _____ Student ID: _____

Telephone Number: Home: () _____ Business: () _____ Cell: () _____

If you would like to have your Permanent Record updated to include the name and address on this application, please submit a "Change of Address/Telephone Number Form" to the Student Success Center at any of the GTCC campuses.

Please Check One of the Following

| | | |
|---|---------------------------------|-------------------------|
| <u>Award</u> | <u>Semester /Year Completed</u> | <u>Duplicate/Copies</u> |
| I am applying for: () Certificate () FA _____ () SP _____ () SU _____ () Certificate Duplicate | | |
| (Advisor signature required) | | |
| (If graduated, advisor signature not required) | | |

I am obtaining my certificate in (Program Name): _____

(Program Code): _____

IMPORTANT - READ BEFORE SIGNING

I hereby apply for the Certificate Program listed above. I understand that I must complete an audit with my Department Chair or *Advisor unless already graduated. I must pay a non-refundable Certificate Fee at the Cashier's Office and return the receipt along with the Certificate Application to the Records Office on the Jamestown Campus or to the Student Success Center on the Greensboro, High Point, Aviation, or Cameron Campus. The Certificate Fee is \$5.00. The Certificate Fee is Not Refundable. [Instructions for E-Degree students link](#)

Applicant's Signature: _____ *Advisor's Signature: _____

Date: _____ Advisor Name (Print) _____ Ext. _____

FOR OFFICE USE ONLY

| | | | |
|---|--------------|---------------------------|--------------------|
| Certificate Payment Received (Cashier's Office) | | Records Processing Center | |
| Date: | Amount: | SGRD Entry: _____ | Appl. Entry: _____ |
| Staff Initials: | Receipt No.: | GPA: _____ | Grad: _____ |
| Notes: | | DOD Entry: _____ | Print Date: _____ |
| | | IASU Paid: _____ | |