



# Guilford Technical Community College

PO Box 309 • Jamestown, NC 27282  
336/334-4822 or 336/454-1126 • TTY 336/841-2158  
An Affirmative Action/Equal Opportunity College

## Application for Certificate

(Please Print - and fill out all information)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print name as in your school record- legal name is used.)

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

City/State/Zip \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_ **Telephone Number: Home:** \_\_\_\_\_  
(area code) (number)

**Telephone Number: Business:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
(area code) (number) (area code) (number)

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

I am obtaining my certificate in \_\_\_\_\_  
(Program Name)

Indicate semester your certificate will be completed: ( ) Fall \_\_\_\_\_ ( ) Spring \_\_\_\_\_ ( ) Summer \_\_\_\_\_  
(Yr) (Yr) (Yr)

**IMPORTANT - READ BEFORE SIGNING**

I hereby apply for the Certificate Program listed above. I understand that I must complete all requirements pertaining to my Certificate as specified by the catalog. I understand that I must complete an audit with my Department Chair or Advisor\*\*. I must pay a non-refundable Certificate fee at the Cashier's Office and return the receipt along with the Certificate Application to Enrollment Services or to a counselor on the Greensboro or HighPoint Campus. The certificate fee is (\$5.00). **The certificate fee is not refundable.**

Advisor's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Certificate Payment Received:**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Val. No.: \_\_\_\_\_

PERC: \_\_\_\_\_ IASU: \_\_\_\_\_  
Prog. Code: \_\_\_\_\_  
Appl. Entry: \_\_\_\_\_  
GPA : \_\_\_\_\_  
Semester Comp. Date: \_\_\_\_\_  
Awarded Date: \_\_\_\_\_  
Data Entry: \_\_\_\_\_  
Deleted: \_\_\_\_\_  
For Office Use Only