

**PROGRAM OF STUDIES
FOR
OCCUPATIONAL CERTIFICATE OF COMPLETION**
(Submit to Graduation Office after all signatures obtained)

Student Name: _____ **Student ID:** _____

Name of Program: _____

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Grade	Term
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Additional Requirements:

Total Credits Required

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for _____ semester _____ year.

Program Head: _____ Signature _____ Date: _____
(printed name)

Campus Director: _____ Signature: _____ Date: _____
(printed name)

Dean: _____ Signature: _____ Date: _____
(Printed name)

For Enrollment Services Only:
Process date _____ Processed by _____