Application for Letter of Recognition

Name: ____________________________  Student ID No.: __________________________

Telephone No. (home) : ________________  Email Address: __________________________

Date of program completion, end of:
- Spring
- Summer 1
- Summer 2
- Fall
Year ______

Student’s signature: ____________________________  Date:__________________

Note: Date of record is the date the signed form is received by the registrar’s office.

For office use:

Semester to complete ______  Code ______  GPA: _______  Cat. _______

A+ Certifications (ACL)
- Basic Electronics (BEL)
- Correctional Technician (CRL)
- Environmental Energy Technology (ENR)
- Environmental Science (ESR)
- Multimedia Communication (MCL)
- Web Design (WDL)
- Word Processing (WPL)

IMPORTANT
Please print your name clearly, as you want it to appear on your letter of recognition. If you make an error, you are financially responsible for the replacement.

NAME: __________________________________________________________