

**Application for Mini-Certificate Graduation
Dalton State College School of Technology**

Section I: (TO BE COMPLETED BY STUDENT APPLICANT)

NAME OF GRADUATE:

(Print your name exactly as you want it to appear on the certificate.)

(Last Name) (First Name) (Middle Name or Initial {optional})

MAILING ADDRESS:

(Street) (Apt. #)

(City) (State) (Zip)

TELEPHONE NUMBERS WHERE YOU CAN BE REACHED IN THE DAY:

(Area Code) (Home Phone Number) (Area Code) (Work Phone Number) (Area Code) (Cell Phone Number)

DSC ID: _____ DATE OF BIRTH - MONTH: _____ DAY: _____ YEAR: _____

MINI-CERTIFICATE FOR WHICH YOU ARE APPLYING: _____

CHECK YOUR CERTIFICATE DELIVERY PREFERENCE:

- I prefer to be notified when I can pick-up my certificate.
 I prefer to have my certificate mailed to the address above.

(Student Signature) (Date)

Student: Please submit this application to your advisor.

Section II: (TO BE COMPLETED BY STUDENT ADVISOR)

Graduation Catalog Year: _____ Semester & Year Student Completed Requirements: _____

I have verified that the above named student has completed requirements for the mini-certificate indicated.

(Signature of Advisor) (Date)

Advisor: Please submit with a printed student transguide to Lana Sweenie, Student Transition Coordinator, School of Technology, TECH 230.

Section III: (TO BE COMPLETED BY THE OFFICE OF STUDENT TRANSITION)

Processing Status		Delivery Status	
Incomplete/Requires:		Processing Complete/Notified Student for Pick-up	
Complete/Denied:		Processing Complete/Mailed to Student:	
Complete/Approved:		Processing Complete/Held for Ceremony	
Approved/Awaiting Signatures:		Processing Complete/Other:	
		Picked-up by Student (Please Sign & Date):	
		Student Signature	Date