



Certificate Request Form

Note: 1. Any fees required for preparing the documents are due and payable at the time this request is submitted.

2. Minimum processing time is 3 days

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

Current Address: _____
Street City State Zip

Phone No: _____ **Other Contact Phone No.** _____

Please indicate the Certificate you are requesting for:

Enrollment Certificate

Current Program of Study: _____

First Request within the current enrollment year (no fee required)

Duplicate Request within the current enrollment year (\$10 per copy)

Total Copy Requested: ____ Total Fee Due: \$ ____ (\$10/copy X number of copy requested)

Certificate of Completion (Massage Therapy students only)

Program of Study: 300 Hour Program 600- Hour Program 1000- Hour Program

Quarter Completed/Expected to Complete: Winter Spring Summer Fall _____
Year

First Request (no fee required)

Duplicate certificate (\$50 per issuance) Total Fee Due: \$ _____

Student Signature Date

***** Office Use *****

For student completing the program requesting for Certificate of Completion:

Dean's Approval Yes No _____
Dean's signature Date

The student has fulfilled financial obligation Yes No

Signature of Registrar Date

If the student is a F-1 student

Signature of DSO Date

Library clearance: Yes No _____
Librarian's signature Date

Registrar's approval : _____ **Date Request Received:** _____

Date Document Issued: _____