



Application for Certificate Completion

Personal Information

Name (Printed as you wish for it to appear on your *certificate*):

Address: _____

Phone: _____ **Personal Email:** _____

Expected Completion Semester: _____

Certificate Information:

Medical Assisting

All Students:

- I have reviewed my degree audit and the program requirements for my certificate program. I verify that I will meet all certificate requirements during the semester of this application.
- I understand that by completing this application my name will be added to the completion list and will be shared as requested.
- I understand that if I do not complete all certificate requirements, I will be removed from the completion list and will need to apply to complete the program for a future semester.

Student Signature: _____ Date: _____

(Please complete, sign and submit this form to: Registrar@aultmancollege.edu)