



Birmingham Campus
 Bessemer Campus

This form is intended to be used to record completers who have not applied for graduation.

Certification of Completion

Name: _____ Soc.Sec. #: _____

Semester/Year of Completion of course requirements: _____ / _____

Please indicate degree option:

- Associate in Arts Associate in Science Associate in Occupational Tech.
 Associate in Applied Science Certificate Short Certificate

Program of Study: _____

The candidate is eligible to receive certification upon completion of all curricular requirements at the end of the _____ Semester, _____.

Advisor's Signature Date Cumulative GPA: _____

The candidate has met all curricular requirements for the certification.

Division Chair's Signature Date Vice President's Signature Date

The candidate has met all requirements for certification.

Registrar/Designee's Signature Date

--Office Use Only--

Final Cumulative GPA: _____

Honors: _____

Posted to transcript on _____

Initials: _____