LEEWARD COMMUNITY COLLEGE-APPLICATION FOR CERTIFICATE (No Fee)

Application Deadline for Certificate: Last Day of Instruction

Name: _____ Mail Certificate to: _____
Last First M.I. Street Address

Student ID No.: _____ _____
City State Zip

Phone: Home: _____ Work/Cell: _____ Email: _____@hawaii.edu

*Clearly print your **LEGAL** name* exactly *as it should appear on your certificate. Include punctuations & diacritical markings.*

Examples: John Doe Kringle Hawaii John D K Hawai'i John D.K. Hawai'i John Hawai'i

_____
First Middle Last

Check one only. Complete a separate application for each Certificate.

Program/Major/Specialization

☐ Certificate of Completion _____

☐ Academic Subject Certificate _____

☐ Certificate of Competence _____

Semester Certificate is expected to be completed: 20____

I certify that the information provided herein is true and correct. I understand that I may see a counselor for a preliminary graduation check and for assistance in completing this form. I also understand that, as the student, I am responsible for meeting all of the graduation requirements listed in the catalog for the certificate specified above. I understand that if I do not fulfill all of the program and grade point average requirements, I will not be awarded a certificate and will reapply when I have met all graduation requirements. This application is valid only for the semester indicated above.

Signature: _____ Date: _____

To be completed by a Leeward Counselor (attach program sheet and waivers/substitutions)

Catalog Year Used _____ to _____

Credits **Applicable** to Certificate: _____

___ Earned at Leeward (excluding current semester)

___ Officially transferred to Leeward (via a transcript evaluation)

___ **TOTAL CREDITS EARNED**

___ Credits to be earned

Please check if requirements have been met:

☐ Certificate of Completion: Cum GPA 2.0
Final 50% req. credits @ LeeCC

☐ Academic Subject Certificate: 2.0 GPA for all required courses
Final 50% req. credits @ LeeCC

☐ Certificate of Competence: 2.0 GPA for all required courses
All credits @ LeeCC

Courses needed to Meet Program Requirements:	**Other Conditions (i.e. waivers, substitutions):**

Counselor Signature: _____ Date: _____

There is no charge for these Certificates. However, if you would like to participate in the commencement ceremony, there is a $15 charge. Please see the Counseling Office, AD 208, for further details.

****No Fee Required****

Business Office Use Only
☐ No Financial Ob
☐ Financial Ob Exists
Date: _____