



# Application for Certificate(s)

(Please Print Clearly. Read and Complete All Information)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(PRINT name as you want it to appear on Certificate)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID# \_\_\_\_\_ (required)

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please indicate the number of certificates you will be applying to receive in the box below.**

Please list the name and program code of the certificate(s) below as referenced in the BCC Catalog.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

If you plan to participate in the graduation ceremony, you must pay a \$25 graduation fee.

Your certificate(s) will be completed in the: ( ) Fall \_\_\_\_\_ ( ) Spring \_\_\_\_\_ ( ) Summer \_\_\_\_\_  
(Year) (Year) (Year)

**Important – Read Before Signing**

I hereby apply for confirmation of the Certificate(s) listed above. I understand that I must complete all requirements pertaining to my Certificate(s) as specified by the BCC Catalog.

Applicant's Signature: \_\_\_\_\_