

Lakes Region Community College

Office of the Registrar

Request for Certificate

Name of Certificate Program to be awarded:

(you must be officially accepted by the Admissions Office into a certificate program in order to be awarded)

Admission Date (month/year):

Please print your name clearly as you would like it to appear on your certificate:

Name: _____ Student ID# _____
First Middle Last

Address: _____ Telephone#: _____

Student Signature Date

Advisor Signature Date

Catalog Year: _____

*An audit of your academic record will be completed upon receipt of this form.
Your certificate will be processed and mailed to you if all academic requirements have been met.*