



# Certificate of Achievements

Please Print

Name: \_\_\_\_\_ Student LD. No. \_\_\_\_\_

Last First MI

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

City State Zip Code

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department/Discipline \_\_\_\_\_

Certificate Requested \_\_\_\_\_ TOP/Major Code \_\_\_\_\_

**Congratulations** on your completion of an IDTC Career Center Certificate Program. In order to receive the actual certificate, you must complete this form and include the necessary items. **Very you have completed all of the following general requirements before submitting your request and transcript.** (Please contact the Registrar office to request a transcript.)

**ALL GRADES MUST BE POSTED ON TRANSCRIPTS PRIOR TO SUBMISSION OF REQUEST.**

**GENERAL REQUIREMENTS**

The following requirements must be filled before certificate(s) can be granted by IDTC Career Center.

1. Complete all courses described in the curriculum.
2. Complete all courses with a minimum grade of 75% in class and lab skills.
3. Complete the required clinical internship and receive a passing clinical grade.
4. Satisfy all financial obligations to IDTC Career Center.
5. Student has two opportunities to retest before retaking course.
6. Retakes must be 30 days apart.

Grade of "C" or better in all courses required for certificate. (Review graduation requirements)

List all the required courses for the Certificate request. Indicate when and the college the courses were completed. (Call to request) No hand delivered transcripts accepted.

If you require additional space, please attach another request form.

Course	Semester	Campus Where Completed	Grade Received

GPA
(For Dept.
Chair Use)
_____
_____
_____
_____
_____
_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_