BATES TECHNICAL COLLEGE
EST. 1940

NO COST TO APPLY
Submit to registration@batestech.edu

Graduate ☐
Continuing ☐
Reprint ☐
Resubmission ☐

Credential Application

Quarter Eligible: ☐ Summer ☐ Fall ☐ Winter ☐ Spring

ctcLink ID Number: _____

Completion Date: _____

Today's Date: _____

Name **(Print Clearly – This is how your name will appear on your diploma)**

Mailing Address City State Zip

Phone Number Email Address

Career Training Program Instructor

Credential Option:

☐ AAS-T Degree ☐ AAS Degree ☐ Pre-Nursing DTA ☐ Bachelor of Applied Science ☐ Tech High Diploma

☐ Pre-Nursing DTA ☐ Multi-Occupational Trades ☐ Certificate of Competency ☐ Certificate of Training: _____

***REQUIRED**

➢ _____
Student Signature

NOTE*: Reprints for any reason will cost *$20 per copy

Tech High Staff Signature ***REQUIRED*** for Tech High Diploma

➢ _____

STAFF USE ONLY – Credential Evaluator

Awards:					**Denial**:	**Reason**:
Quarter	Grad Date	Start Date	Credential	Program	Credential	

Credential Evaluators Signature Date

Debts to College: ☐ **YES** ☐ **NO** **Amount**: $_____

10/2025