CREDENTIAL APPLICATION

QUARTER ELIGIBLE:  ☐ SUMMER  ☐ FALL  ☐ WINTER  ☐ SPRING

CTC LINK 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  ☐ CERTIFICATE of COMPETENCY  ☐ CERTIFICATE of TRAINING

*REQUIRED

STUDENT SIGNATURE

NOTE: REPRINTS FOR ANY REASON WILL COST $20 PER COPY

AWARDS:  DENIAL:  REASON:

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<th>QUARTER</th>
<th>GRAD DATE</th>
<th>CREDENTIAL</th>
<th>ACADEMIC PLAN</th>
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CREDENTIAL EVALUATORS SIGNATURE  DATE

DEPTS TO COLLEGE:  ☐ YES  ☐ NO  AMOUNT:  $___________

10/31/22