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GRADUATE
CONTINUING
REPRINT
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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

STAFF USE ONLY

CREDENTIAL EVALUATOR

AWARDS:				DENIAL:	REASON:
QUARTER	GRAD DATE	CREDENTIAL	ACADEMIC PLAN	CREDENTIAL	

CREDENTIAL EVALUATORS SIGNATURE DATE

DEBTS TO COLLEGE: YES NO AMOUNT: \$ _____