



NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

## APPLICATION FOR CERTIFICATE

➤ **Please complete this form and return to the Edgewood Central by the following dates:  
January 1<sup>st</sup> for January completion | May 1<sup>st</sup> for May completion | August 1<sup>st</sup> for August completion**

➤ **This form must be submitted before the certificate will be posted on your transcript.**

I expect to complete all requirements for a certificate during the term ending:

\_\_\_\_\_  
*MONTH (JANUARY | MAY | AUGUST)*

\_\_\_\_\_  
*YEAR*

NAME OF CERTIFICATE: \_\_\_\_\_

\_\_\_\_\_  
*STUDENT SIGNATURE*

\_\_\_\_\_  
*DATE*

<b>FOR OFFICE USE ONLY</b>
DATE RECEIVED: _____
PROCESSED BY: _____

I would like to order a document to commemorate certificate completion:  No

Yes (complete the rest of the form)

I wish to have my name appear on the certificate as follows:

\_\_\_\_\_

*FIRST*

*MIDDLE*

*LAST*

Please mail my certificate to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit to: