

**University of Arkansas at Monticello
Technical Certificate Graduation Application**

Please Print

Name: _____ Student Id # or SSN: _____

Expected Completion: August December May June Year: _____ Catalog Year: _____

Degree: Technical Certificate (check major below)

- | | |
|---|---|
| <input type="checkbox"/> Administrative Information Processing | <input type="checkbox"/> Emergency Medical Technology |
| <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> Heavy Equipment - Construction |
| <input type="checkbox"/> Automotive Service Technology | <input type="checkbox"/> Heavy Equipment - Timber |
| <input type="checkbox"/> Business Technology | <input type="checkbox"/> Hospitality Services |
| <input type="checkbox"/> Computer Maintenance/Networking | <input type="checkbox"/> Industrial Equipment Maintenance |
| <input type="checkbox"/> Crime Scene Investigation | <input type="checkbox"/> Law Enforcement Administration |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Electromechanical Maintenance | <input type="checkbox"/> Welding Technology |
| <input type="checkbox"/> Electromechanical Tech – Industrial Controls | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electromechanical Tech – Instrumentation | |

Print your name exactly the way you want it to appear on your diploma:

A commencement ceremony is conducted only in June. Students who lack six or fewer hours to complete their certificate may participate in the June ceremony. **Will you participate in the June ceremony? Yes No**

May we release your name and certificate for the commencement program and hometown media? Yes No

If diplomas are mailed, address to mail diploma: (Note: For permanent address changes, complete a Change in Student Data form.)

Street	City	State	Zip
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Has a signed degree audit been submitted? Yes No Advisor's name: _____

Are you taking coursework toward this degree at another institution? Yes No

Name of Institution: _____

Course(s) Name and Number: _____

Completion Date: _____ Is this a correspondence course? Yes No

NOTE: All official transcripts indicating grades for coursework taken at another institution must be sent directly to the Office of the Registrar, P. O. Box 3598, Monticello, AR 71656, no later than the last day of the semester at UAM in order to complete graduation that semester.

All requirements for this degree must be completed before it is posted to the transcript or diploma issued. Participation in the commencement ceremony does not mean all requirements for the degree have been completed. If the requirements are not completed during the semester listed above, three (3) additional semesters will be allowed to complete with this application, after which a new application must be submitted. The student's advisor is notified once a student is removed from the candidate file.

Do you plan to pursue an Associate or Bachelor's degree at UAM? Yes No If yes, list major: _____

FOR NURSING MAJORS ONLY: I will be applying for nursing licensure and grant the University permission to release my transcript and any other applicable materials to the licensing agency: ___Yes ___No

Signature: _____ Date: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

For Registrar's Office Use Only	Original: Registrar	Copy to: Advisor, Student	Date Stamp
<input type="checkbox"/> Candidate	Date _____ by _____		
<input type="checkbox"/> Student Update	Date _____ by _____		
<input type="checkbox"/> Degree Audit	Date _____ by _____		
<input type="checkbox"/> Advisor letter	Date _____ by _____		

revised 10/07 cd