

Northeast Alabama Community College
Application for Certificate

Name _____ Student # _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____
What certificate are you applying for? _____

Statistical Data: To be completed by the student.

This information is requested for program and reporting activities.

Are you a displaced homemaker? Yes No Are you a single parent? Yes No

Check the ONE statement in each column below that best describes your status after graduation:

Employment Status

- Employed in related occupation.
- Employed in non-related occupation.
- Entered military.
- Entered foreign aid or church mission.
- Unemployed

Education Status

- Not continuing education.
- Continuing education in related field.
- Continuing education in non-related field.

If employed, please provide employer information below:

Employer _____ Phone _____
Address _____
City _____ State _____ ZIP _____
Occupation _____ Supervisor _____
Employed Full-time Part-time Initial Date of Employment _____

Please indicate your overall perception of how well your career/technical education program prepared you for your current or intended employment.

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

Advisor Verification:

As verified on the attached transcript and plan of study, this student has met the requirements for the following certificate:

Length (C26, long)	Major (EMS, DDT, ILT, MAT, etc.)	Concentration
Signature of Advisor		Date

OFFICE USE ONLY: Date received _____ Evaluated _____
Approval _____ Certificate issued _____