Maysville Community & Technical College
HIGHER EDUCATION BEGINS HERE

Application for Certificate(s)

Name:_____
Please print legibly or type your name. Your name will appear on your credential as it appears in PeopleSoft.

Mailing Address: _____
Street City State Zip

Student ID#:_____ Phone#:_____

Email Address:_____

Home Campus: _____

I am applying for the following Certificate(s):

1. _____
2. _____
3. _____
4. _____
5. _____

* Beginning, May 2014 Students receiving a certificate ***ARE ELIGIBLE*** to participate in graduation ceremonies.

- I am aware that a student becomes eligible for a certificate when he/she has been admitted to and completed the prescribed program with a scholastic average of at least 2.0.
- I understand a minimum of 24 hours must be taken in residence within KCTCS and at least 25% of the approved curriculum credits must be completed within Maysville Community and Technical College.
- I understand that it is my responsibility to meet the above stated requirements before I may officially graduate from Maysville Community and Technical College.
- *If I am denied a certificate for any reason, I understand that I will have to reapply to be considered in another semester.*

_____ _____
Advisor's Signature Date Student's Signature Date

IF YOU ARE CURRENTLY ENROLLED IN CLASS (ES) THIS SEMESTER, LIST ONLY THE COURSE(S) NEEDED FOR GRADUATION:

_____

_____

_____

_____

*Advisors: each certificate must have check lists and catalog year listed.