

- Step 1. Meet with your academic advisor for initial review and signature.
 Step 2. **Submit within 30 days of Advisor signature** and with **\$10 application fee** to cashier's office for an unlimited number of applications during the academic year.
 Step 3. Make a copy for your records.
 Step 4. Expect an email verification that your listed plan meets official graduation requirements.

STUDENT INFORMATION

SELECT THE QUARTER YOU PLAN TO COMPLETE THIS CERTIFICATE: Summer Fall Winter Spring of Year _____
 NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE - Last name must match your records: _____ STUDENT ID # _____

MAILING ADDRESS (Address, City, State, Zip): _____
 REQUESTING HIGH SCHOOL DIPLOMA: Yes No PHI THETA KAPPA MEMBER Yes No (For listing in Commencement only)

INSTRUCTIONS: Place a checkmark by the certificate you are applying for. On the back of this form, in the "Credits Completed," include the courses you have completed toward this certificate. In the "Projected Credits," write in the courses you are currently enrolled in that are required to complete this certificate. **If you have permission to substitute a course, write in the new course number beside the one listed. Your advisor must initial the change.** If you are using transferred credits toward degree requirements, list the course name, number, and credit amount as it appears on your evaluated transcript. Place an asterisk (*) beside each transferred course.

COLLEGE/UNIVERSITY NAME	COLLEGE/UNIVERSITY NAME	COLLEGE/UNIVERSITY NAME

****Certificate of Achievement is issued upon successful completion of the prescribed certificate programs with a 2.0 or higher grade point average in the courses required for that certificate.**

AGRICULTURE PROGRAM

- Tree Fruit Production (116)
 Vineyard Technology (121B)
 Wine Sales (121)
 Winery Technology (121D)

ALLIED HEALTH PROGRAM

- Advanced Care Navigation (310)
 Essentials of Care Navigation (310A)
 Medical Assisting (381C)
 Medical Billing and Coding (313)
 Medical Interpreter (438)
 Pharmacy Technician (399)
 Phlebotomy (382)

AUTOMOTIVE SERVICE PROGRAM

- Auto Electrical/Electronic Systems (512J)
 Steering/Susp & Brake Systems (712K)

BUSINESS ADMINISTRATION PROGRAM

- Accounting Clerk (505D)
 Business Accounting (505C)
 Business Management (502A)
 Business Marketing (245C)
 Retail Management (298)

BUSINESS TECHNOLOGY PROGRAM

- Bilingual Office Assistant (559D)
 General Office Assistant (551)

- Legal Receptionist (577A)

- Medical Receptionist (565A)

CHEMICAL DEPENDENCY PROGRAM

- Chemical Dependency Studies (437A)

CRIMINAL JUSTICE PROGRAM

- Communications/Call Taker (832B)
 Correctional (832A)
 Crime Scene Investigation (841)
 Police Clerk/Support Specialist (832C)

DENTAL ASSISTING PROGRAM

- Dental Assisting – YVSC (305)

EDUCATION PROGRAM

- ECE Administration (45E)
 ECE General Certificate (41E)
 ECE State Certificate (46E)
 ECE Preschool SPED Instructional (839H)
 Family Childcare (44E)
 Infant-Toddler Care (42E)
 Initial Certificate (40E)
 Paraeducator Basics (839)
 Paraeducator Initial (839J)
 Paraeducator State (839K)
 School Age Care (43E)

ENGINEERING PROGRAM

- CAD (602)

- CNC Operator (809C)

- Engineering Technology (778)

- Land Surveying (778B)

- Machining Technology (809)

- Unmanned Aerial Systems –UAS (640)

INFORMATION TECHNOLOGY PROGRAM

- IT General (514I)
 IT Office Suite (514J)

NURSING PROGRAM

- Nursing Assistant (329)
 Practical Nursing (326)

RADIOLOGIC SCIENCE

- Computed Tomography (CT) (358)

BAS PROGRAMS

- Database Administrator (503A)
 Windows Server Administrator (533)

OTHER

- _____

You must inform the Registration office and Academic Advisor of all changes you make in your projected schedule. Not following this plan may delay your graduation.

ADVISOR AND STUDENT SIGNATURES

Printed Advisor Name	Date
Advisor Signature (Initial Review Completed) X	Date
Student Signature X	Date

COMPLETED CREDITS

Dept. and Course Number	Grade	Credit	Dept. and Course Number	Grade	Credit

_____ **TOTAL COMPLETED CREDITS**

PROJECTED CREDITS

List all courses in which you are currently enrolled or plan to enroll in to complete your certificate. Indicate the quarter you will enroll in each class by listing F, W, Sp, Su and the year in the QTR column.

Dept. and Course Number	QTR	Credit	Dept. and Course Number	QTR	Credit

_____ **PROJECTED CREDITS**

_____ **TOTAL CERTIFICATE CREDITS**

Yakima Valley College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance should be directed to the Executive Director of Human Resource Services, YVC, South 16th Ave. & Nob Hill Blvd., Yakima, WA 98902; or call 509.574.4670.

DO NOT WRITE IN THIS SECTION - FOR OFFICE USE ONLY

REQUESTING HIGH SCHOOL DIPLOMA _____ HIGH SCHOOL DIPLOMA POSTED _____ HIGH SCHOOL DIPLOMA MAILED _____
 SM5001 _____ SM6015 _____ FINAL GPA _____ SM6009 (POSTED TO TRANSCRIPT) _____
 DIPLOMA ORDERED _____ DIPLOMA PROOFED _____ DIPLOMA MAILED _____ EVALUATED BY: _____