

CERTIFICATE INFORMATION

A separate application must be completed for each certificate sought



Registrar

201 W. University
Odessa, Texas 79764

Date: _____

For _____ Semester _____ Year

Odessa College

CERTIFICATE APPLICATION

Please Print Clearly

NAME _____ SSN _____
(Legal name to be printed on certificate)

Mailing address for certificate _____
(Street or P.O. Box)

_____ (City) _____ (State) _____ (Zip)

Telephone _____ (Home) _____ (Work) Email _____

THIS SECTION MUST BE COMPLETED BY THE DEPARTMENT CHAIR:

- Certificate of Technology** **Certificate of Completion** **Marketable Skills**

Major _____ Option _____

Approved by: _____ Date: _____

(Department Chair's Signature)

NOTE: A SEPARATE UPDATED CERTIFICATE PLAN OF STUDY MUST BE RETURNED WITH APPLICATION TO REGISTRAR'S OFFICE FOR EACH CERTIFICATE SOUGHT.

TASP STATUS (check one)

- Exempt/Waived
 Passed or satisfied all 3 parts
 Have not passed all 3 parts

LIST OTHER COLLEGES ATTENDED:

Do any of the credits from other colleges count toward your certificate at OC? Yes No

List other names that might appear on your records: _____

OFFICE USE ONLY

CRT or CTT Level: _____ Major Code: _____ Comments or lacks: _____

Major: _____

Date certificate requirements began: _____

Date of completion: _____

Date certificate posted: _____ GPA: _____

Date mailed or picked up: _____

Holds: _____

If this form is returned after the deadline posted in the catalog/schedule, it may not be processed until the following semester.