CERTIFICATE REQUEST CLEARANCE FORM

TERM: _____   DATE: _____

Student ID: _____   Student's Name: _____,

has completed the requirements and met the standards of the _____

Certificate issued as of this date: _____.

CHECK ONE: ☐ OCP Certificate   ☐ * Full Program Completer

Official OCP Title: _____

Official Hours: _____   Hours Completed: _____

Official Program Title: _____

Official Hours: _____   Hours Completed: _____

Reviewed and Approved by:

Instructor:_____   Registrar:_____

Testing Chairperson:_____   Media Center:_____

Counselor:_____   Financial Aid Officer:_____

Treasurer:_____   Placement Specialist_____

Administrator:_____

BASIC SKILLS REQUIREMENTS			
	Reading Level	**Math Level**	**Date**
Required			
Achieved			
Basic Skills Exemption Code:_____	**Description:**		

ADMINISTRATION USE ONLY	**Prepared by:**		**Date:**	

Grade:
Certificate:
Excel:
LPD:

* Full program Completion Certificate only issued when student has met Basic Skills.