

IEP Short Term Certificate Request Form

Name: _____ Student ID#: _____

Phone #: _____ E-mail: _____

Current Address: _____

1. **Your name as you want it written on your Certificate** (“Kim SongHee” or “Song-Hee Kim” etc.):

2. **Your last Quarter & Year at Seattle Central will be:** _____

3. **Are you transferring to a different school? YES / NO** *If yes, you must also submit a **Transfer Out** form (available at the front desk or on the web site).

4. **Are you going home / leaving the U.S.? YES / NO** *If yes, you must also submit a **Going Home Notice** (available at the front desk or on the web site).

5. **Please select the certificate you will earn (below).**

- | | |
|---|--|
| <input type="checkbox"/> Survey of Fine Arts
<input type="checkbox"/> Art
<input type="checkbox"/> Music
<input type="checkbox"/> Business Administration
<input type="checkbox"/> Business Information Systems
<input type="checkbox"/> Introduction to Computers | <input type="checkbox"/> Computer Studies
<input type="checkbox"/> Modern Communication
<input type="checkbox"/> Global Studies
<input type="checkbox"/> American Studies
<input type="checkbox"/> General Studies |
|---|--|

6. **Number of Quarters completed for IEP Short Term Certificate:** _____

7. **Please choose one of the following:**

- I will pick up my certificate in the IEP Office.
- Please mail my certificate to the following address:

NOTE: Certificates will be awarded after grades have been posted for your final quarter of study. Please allow seven business days to process certificate requests.

for STAFF use only:

Course	Cr.	Course	Cr.	Course	Cr.	Course	Cr.
Credits ea. qtr:							

Eligible for Certificate

_____ qtr(s) in:

Init/Date: _____