



# THE UNIVERSITY OF AKRON WAYNE COLLEGE

## ONE-YEAR CERTIFICATE PROGRAMS – COMPLETION APPLICATION

---

**Information:**

*Certificate applications must be received prior to the end of the twelfth week of the semester in which you are completing your certificate. Late requests will be processed for the next semester and posted to your academic record at the end of that term.*

---

Name (please print)

Student ID Number

---

Street Address

Telephone Number

---

City

State

Zip

**Please check the certificate program you are completing:**

\_\_\_\_\_ Gerontological Social Services (226008CW)

\_\_\_\_\_ Information Specialist (254201CW)

\_\_\_\_\_ Medical Billing (254109CW)

\_\_\_\_\_ Therapeutic Activities (226009CW)

\_\_\_\_\_ Workplace Communication (202100CW)

---

Term/Year of Completion

**PLEASE RETURN COMPLETED FORM TO THE STUDENT SERVICES CENTER**

-----Office Use Only-----

---

Hours Completed/Remaining

---

Approval

Date

REVISED: 04/11/14