South Louisiana Community College

Request for Credentials

Please complete all blanks for proper credit:

Student Name: _____ Student ID # (LoLA):_____

Campus/Site: _____ Dual Enrolled in High School_____ Program/Degree Plan:_____

EXIT LEVEL

This form is to be used to award credentials to students who are only receiving non-terminal degrees, certificates, and TCAs.

Graduates receiving a terminal CGS or CTS, Diplomas, and Degrees should be awarded through use of the Graduation Application which requires audit documentation.

Completion date is the date/term the student completed all courses/competencies for level completion. NOTE: Advisor/Dean: Correct Title of Award MUST be listed.

Certificate Exit

Certificate of General Studies (CGS)_____ Comp.Date_____

Certificate of Technical Studies; Title:_____ Comp.Date_____

Certificate of Technical Studies; Title:_____ Comp.Date_____

Certificate of Technical Studies; Title:_____ Comp.Date_____

Certificate of Technical Studies; Title:_____ Comp.Date_____

Technical Competency Area; Title_____ Comp.Date_____

Technical Competency Area; Title_____ Comp.Date_____

Technical Competency Area; Title_____ Comp.Date_____

Technical Competency Area; Title_____ Comp.Date_____

Technical Competency Area; Title_____ Comp.Date_____

Technical Competency Area; Title_____ Comp.Date_____

Department Chair/Program Coordinator:_____ Date: _____

Dean Signature: _____ Date: _____

Registrar's Office: _____ Recorded in BANNER: _____

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