

Danville Area Community College
Request for Evaluation of Certificate Completion

Please print your name as you want it to appear on your certificate.

Name _____
Last First Middle Name or Initial

Student ID # _____ Primary e-mail address: _____

Mailing Address: _____
Street and/or Post Office Box

City State Zip Code

Phone Number: _____ Date: _____
Area Code Number

Will you be walking in our May Commencement Ceremony? YES NO
If yes, Height: _____ Weight: Under 200 lbs. OR Over 200 lbs.

Candidate for a Certificate in _____
Area of Study

Indicate the **year** and **semester** you will complete: _____ Spring _____ Summer _____ Fall

For DACC Office Use Only

Counselor: _____ Date: _____ Approved: _____ Denied: _____

Division Dean: _____ Date: _____ Approved: _____ Denied: _____

Registrar: _____ Date: _____ Approved: _____ Denied: _____

Final Review/Registrar: _____ Date: _____ Approved: _____ Denied: _____

Comments: _____

GPA: _____ / _____ Letter Sent: _____ Posted: _____ Diploma Sent: _____
1st check 2nd check

Excel: _____