



Certificate Request Form

Office of the Registrar

379 Belmont Road, Laconia, NH 03246

Phone: (603) 524-3207 Fax: (603) 524-8084

Email: lccregistrar@ccsnh.edu

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

Student Name: _____ Student ID: _____

Mailing Address: _____

Phone: _____ Program: _____

- The certificate request form **MUST BE SIGNED BY YOUR ADVISOR** and returned to the Registrar's Office.
- A **DegreeWorks audit** must be provided with this request. If the DegreeWorks audit shows the student has not completed certificate requirements, the form will not be accepted.
- The student must be enrolled in the certificate program to be awarded a certificate.
- Certificates are awarded in December, May and August.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____