

Graduation Application – Fast Track Certificate of Completion

Return to the Student Affairs Office – Please note deadline for applying

Section I – Candidate Information (to be completed by student; print clearly)

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

Name (As it is to appear on your certificate of completion): _____

Advisor's Name: _____

Program in which you will receive your certificate of completion (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting Clerk | <input type="checkbox"/> Database Specialist | <input type="checkbox"/> .Net Programming |
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Electrical Networking | <input type="checkbox"/> Networking |
| <input type="checkbox"/> AutoCAD | <input type="checkbox"/> Factory Automation | <input type="checkbox"/> Office Automation |
| <input type="checkbox"/> Basic Computer Skills | <input type="checkbox"/> Help Desk | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Basic Human Relations | <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Basic Electricity | <input type="checkbox"/> Industrial Electrical Controls | <input type="checkbox"/> Print Reading and Controls |
| <input type="checkbox"/> Basic Secretarial Skills | <input type="checkbox"/> Lean Manufacturing | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Manufacturing Management | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> CNC Programming | <input type="checkbox"/> Medical Biller | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Child Dev. Associate Credential | <input type="checkbox"/> Medical Coder | <input type="checkbox"/> Regional Cisco Academy |
| <input type="checkbox"/> Cisco Certified Ntwk Associate | <input type="checkbox"/> Medical Secretary | <input type="checkbox"/> Six Sigma |
| <input type="checkbox"/> Computer Aided Design | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Supply Chain Management |
| <input type="checkbox"/> Computer Maintenance | <input type="checkbox"/> Microsoft Academic Training Program | <input type="checkbox"/> Tax Consultant |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Mobile Application Development | |

Do you plan to participate in the Graduation Ceremony? Yes No
(If yes, please see the bookstore to order your Cap and Gown!)

Semester in which you will complete your certificate of completion requirements (check one and indicate year)
 End of Fall 20 _____ End of Spring 20 _____ End of Summer 20 _____

Would you like your diploma Picked up at Edison Mailed (Verify that WebAdvisor has your current address)

Would you like to pledge to the Edison Foundation to assist other Edison Community College Students?
 \$5.00 \$10.00 \$20.00 \$25.00 Other: _____ No thank you

Student's Signature _____ Date _____

Section II – Graduation Requirements (to be completed by Advisor; print clearly)

Current Edison GPA: _____ Completed program based on Academic Catalog: _____

Does the student have: Less than 50% of the credit hours earned by exam/portfolio? Yes No

Enter **ONLY** the remaining courses (including current schedule) required to complete the Fast Track certificate program.

NOTE: Any changes, additions, or deletions should be initialed and dated by your Dean.

Fall _____ Spring _____ Summer _____

I have reviewed the above named individual's record and verify that the student will complete the requirements for the specified Fast Track certificate program, pending completion of the courses listed above, and if the student has a minimum cumulative GPA of 2.0 at the time of their completion.

Advisor's Signature _____ Date _____

Dean's Signature _____ Date _____

Office Use	Commencement Fee Received	Letter Mailed	GPA Requirement Completed	Total Credit Requirements Completed	Remaining Coursework Completed	Diploma Mailed	Posted on Transcript
	Date						
	By						

Graduation Survey

(Return to Cashier's Office with Graduation Application)

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

Upon graduating, please check all that will apply

I will be continuing my education to complete another Edison program.

I will be continuing my education through a four-year college/university.

School: _____ Major: _____

I am not planning to continue my education at this time.

Employment Status

I will be seeking employment Have you used Edison's Career Services? Yes No

** Please visit Career Services www.edisonohio.edu/career for job postings, resources, and assistance with resumes and interviews. Upload your resume on Edison's Job Board.*

I am currently employed and will not be seeking employment.

If employed, is your job related to your Edison major? Yes No

I will not be seeking employment

I would like information on resume writing and job search information

Contact Information after graduation

Phone _____ Personal email _____