

Application for Certificate of Entry Level Accounting

PLEASE PRINT CLEARLY.

PLEASE PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON CERTIFICATE.

Student ID #: _____

Name: _____

<i>First</i>	<i>Middle</i>	<i>Last</i>
--------------	---------------	-------------

Address: _____

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
----------------	-------------	--------------	------------

Phone: _____

Application Guidelines:

- You must receive a grade of “C” or better in the required courses
- ALL coursework must be completed at OCC!
- Return this completed application to the Business and Computing Division Office (BE 111).
- Only submit application AFTER the courses have been completed.
- Your certificate will be mailed to you. Please allow 3-4 weeks for processing.

Required Courses: (Please record grade received in each course on the blank line.
Attach OCC transcripts and/or project grade report from instructor for classes in progress.)

ACCT A101 _____
 ACCT A102 _____
 ACCT A110 _____

For Office Use Only:			
RCVD By:		Date:	
Approved:	Y or N		
ENTRD By:		Date:	
PRINTED Date:		MAILED Date:	
COMMENTS:			