

Certificate Completion Request

Instructions: Pl	ease complete all informati	ion. Please F	PRINT.			
Today's Date: ID#:						
Name:(Your certificate name w	ill be the same one that is on file in yo	our official Gatew	vay Technical College record	.)		
Prior Name (s):						
Current Address:						
	Street or PO Box		City	State	Zip	
Phone #:	(Home)		Phone #:		_ (Work or Cell)	
Address certificate	should be mailed to (if diffe	erent than ab	ove):			
	Street or PO Box		City	State	Zip	
Certificate com	pleted:					
Campus:	I Elkhorn □ Kenosha	☐ Racine	Completion Date:			
☐ I am emp☐ I have no	Employed (or job pending) and do not nee loyed/underemployed, but looking for need for job placement services at this	r employment. H	services, but I know services ave the Gateway Job Placem w services are available in th	ent Office contact ne future.		
Office Use						
Counselor: O	K to release as completed?	Yes	No Audited by: _		(Initial & Date)	
Final GPA:	Comments:					
Records Staff: Co	mpletion Date: S	SGRD Updated	d:Couns	elor Letter:		
Debt from:	Notified:		Certificate Ordered &	& Student Notif	fied:	
Final Transcript S	Final Transcript Sent: Certificate Sent:					