

*Please complete all blanks for proper credit:*

Student Name: \_\_\_\_\_ Student ID # (LoLA): \_\_\_\_\_

Campus/Site: \_\_\_\_\_ Dual Enrolled in High School \_\_\_\_\_ Program/Degree Plan: \_\_\_\_\_

**EXIT LEVEL**

**This form is to be used to award credentials to students who are only receiving non-terminal degrees, certificates, and TCAs.**

**Graduates receiving a terminal CGS or CTS, Diplomas, and Degrees should be awarded through use of the Graduation Application which requires audit documentation.**

**Completion date is the date/term the student completed all courses/competencies for level completion.**

**NOTE: Advisor/Dean: Correct Title of Award MUST be listed.**

**Certificate Exit**

Certificate of General Studies (CGS) \_\_\_\_\_ Comp.Date \_\_\_\_\_

Certificate of Technical Studies; Title: \_\_\_\_\_ Comp.Date \_\_\_\_\_

Certificate of Technical Studies; Title: \_\_\_\_\_ Comp.Date \_\_\_\_\_

Certificate of Technical Studies; Title: \_\_\_\_\_ Comp.Date \_\_\_\_\_

Certificate of Technical Studies; Title: \_\_\_\_\_ Comp.Date \_\_\_\_\_

Technical Competency Area; Title \_\_\_\_\_ Comp.Date \_\_\_\_\_

Technical Competency Area; Title \_\_\_\_\_ Comp.Date \_\_\_\_\_

Technical Competency Area; Title \_\_\_\_\_ Comp.Date \_\_\_\_\_

Technical Competency Area; Title \_\_\_\_\_ Comp.Date \_\_\_\_\_

Technical Competency Area; Title \_\_\_\_\_ Comp.Date \_\_\_\_\_

Technical Competency Area; Title \_\_\_\_\_ Comp.Date \_\_\_\_\_

Department Chair/Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_ Recorded in BANNER: \_\_\_\_\_