

CPCC CERTIFICATE COMPLETION FORM

Please return to **Graduation Office, Room 120 – Central High Building, Central Campus**, the Admissions Desk at any area campus, or mail to the following address: **CPCC, ATTN: Graduation Office, PO Box 35009, Charlotte, NC 28235-5009.**

DATE _____

Full Name (as you want it to appear on your certificate):

Maiden Name (If Applicable): _____

Student ID Number: _____

Mailing Address (where your certificate should be sent. Please include city, state, and zip code.):

Daytime Telephone Number (weekdays): _____

Email Address: _____

(Communication regarding your graduation status may be sent to this email address.)

Program Major (degree certificate is under): _____

Certificate Specialization: _____

Certificate Program Code: _____

Catalog Year: _____

****Student's Signature:** _____

(The Graduation Office cannot accept faxed or scanned documents. Applications must include an original signature.)

(To Be Completed in Graduation Office):

Term of Graduation _____ Date of Graduation: _____

Program Code: _____

Program Major: _____

Certificate Specialization: _____

Graduation Office Approval: _____ Date: _____