



**DELAWARE COUNTY COMMUNITY COLLEGE
MEDIA, PENNSYLVANIA 19063**

**A \$10.00 nonrefundable fee must accompany this application.
For each concurrent certificate, additional applications and fees must be submitted.**

APPLICATION FOR CERTIFICATE OF COMPETENCY PROGRAM ONLY

Print your name as you wish it to appear on your certificate (*PLEASE PRINT*)

Name: _____

Address: _____
Street and Number

City

State

Zip Code

Telephone No: _____ Student ID No.: _____

CERTIFICATE SOUGHT

Please fill in title of certificate: _____

ALL STUDENTS WHO ANTICIPATE COMPLETING CERTIFICATE OF COMPETENCY REQUIREMENTS MUST SUBMIT APPLICATION TO THE ADMISSIONS AND RECORDS OFFICE AT THE BEGINNING OF THE SEMESTER.

STUDENTS WHO APPLIED PREVIOUSLY BUT WERE INELIGIBLE MUST ADVISE THE ADMISSIONS RECORDS OFFICE TO REACTIVATE THEIR APPLICATION AT THE BEGINNING OF THE SEMESTER.

WHICH SESSION DO YOU PLAN TO COMPLETE REQUIREMENTS?

FALL (January)

SPRING (May)

SUMMER (September)

Year: _____

Student's Signature _____

Date _____

Return this form and make payment at Enrollment Central