

**Registrar's Office** – nhtiregistrar@ccsnh.edu  
 31 College Drive, Concord, NH 03301  
 P: (603)230-4014 F: (603)230-9314

Final Review  
 RF'd  
 Jostens

# Professional Certificate Request

A Professional Certificate Request Form must be completed and returned to the Registrar's Office according to the schedule below. I understand that my completion is contingent upon having met all academic requirements of my program and of the college. I will not receive my professional certificate until my student account is paid in full including all fees owed to the College. *Graduating students must earn a minimum cumulative grade point average (CGPA) of 2.0.*

Student ID:	Major:
Print your name below <b>EXACTLY</b> as you wish it to appear on your award	
Full name as you wish it to appear on your certificate	
Mailing Address:	
Street	City
	State
	Zip
Best phone # to reach you during the day	Personal email address

Please check the semester you anticipate completion of degree requirements.

<b><u>Anticipated Graduation Date:</u></b>	<b><u>Submit Petition to Graduate Form on or before:</u></b>
Fall (degree awarded in December)	October 30
Summer (degree awarded in August)	April 30

If you have taken or are taking a class(es) at another college and haven't transferred the credits to NHTI, list the class(es) below. You must have an official transcript sent to NHTI. Failure to do so may delay your graduation to a future semester.

1)	2)	3)
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**Return this completed form to the Registrar's Office by the dates indicated above.**  
 All student responsibilities and financial obligations to the college must be satisfied prior to the issuance of degrees.

Student's Signature	Date
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<b>FOR OFFICE USE ONLY</b>					
Student Type (S)	Grad Date	SHAD	PTKCMNT	SHADIPL	SPACMNTS
File Scanned	Petition Scanned				