

**Danville Area Community College  
Request for Evaluation of Certificate Completion**

*Please print your name as you want it to appear on your certificate.*

Name \_\_\_\_\_  
Last First Middle Name or Initial

Student ID # \_\_\_\_\_ Primary e-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street and/or Post Office Box

\_\_\_\_\_ City State Zip Code

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Area Code Number

Will you be walking in our May Commencement Ceremony? YES NO

If yes, please visit [HerffJones.com/college/graduation](http://HerffJones.com/college/graduation) by March 31. After this date contact the DACC Follett Bookstore.

Candidate for a Certificate in \_\_\_\_\_  
Area of Study

Indicate the **year** and **semester** you will complete: \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall

For DACC Office Use Only

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Division Dean: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Final Review/Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

GPA: \_\_\_\_\_ / \_\_\_\_\_ Letter Sent: \_\_\_\_\_ Posted: \_\_\_\_\_ Diploma Sent: \_\_\_\_\_  
1<sup>st</sup> check 2<sup>nd</sup> check

Excel: \_\_\_\_\_