



Short-Term Certificate

Administrative Office Systems - Office Assistant I

Details

Completion Award: Short-Term Pro iciency Certificate
Program Code (EPC): 559G

Program Coordinator (contact with questions)

Sherry Sparrowk (360) 417-6375
Office: M-210 ssparrowk@pencol.edu

Student's Name:	Student ID Number:
Advisor:	Advisor's Signature:

Degree Requirements	Approved Substitutions	Name Of Course	Credits	Credits Completed	In Progress Qtr/Yr
AOS 101		Digital Literacy	5		
AOS 105		Word Processing Applications I	5		
AOS 106		Spreadsheet Applications I	5		
CREDITS REQUIRED FOR CERTIFICATE:			15		

The following information is needed to produce your certificate:

Quarter and Year Certificate was completed: Fall Winter Spring Summer **20__**

Name to be printed on Certificate: _____
First Middle Last

Mailing Address: _____
Street/P.O. Box City State Zip

If no mailing address is provided, Certificate may be picked up at the Reception desk in the Student Services Bldg.

For Office Use:

Grades verified Date Certificate Posted: _____ Processed By: _____
 Certificate Mailed or Forwarded to Program Advisor