



LINDSEY HOPKINS TECHNICAL COLLEGE

750 N.W. 20th Street, Miami, FL 33127 (305) 324-6074 <http://lindsey.dadeschools.net>

OCCUPATIONAL COMPLETION POINT CERTIFICATE REQUEST CLEARANCE FORM

Date: _____

Trimester: _____

Student Name: _____

Student ID: _____

Official Program Title: _____

Official Program Number: _____

Official Program Hours: _____

Program Completion Date: _____

Comment: _____ _____ _____

Progression Type: **FULL PROGRAM COMPLETER** TOTAL Hours Earned: _____

Before a certificate can be issued, it is mandatory that all school obligations are cleared, and basic skills requirements met. A completed certificate competency checklist and exit interview form must be attached. Sign below if the student's record is satisfactory. The administrator is the final signature.

Instructor: _____

Media Specialist: _____

Registrar: _____

Testing Chairperson: _____

Department Head: _____

Financial Aid Officer: _____

Administrator: _____

TEST OF ADULT BASIC EDUCATION (TABE)

EXEMPTION CODE: _____

	COMMUNICATION (Reading Language Arts)/Level	COMPUTATION (Mathematics)/Level
Required		
Achieved		

ADMINISTRATION USE ONLY

Date certificate prepared _____ by _____