



Termination of Certification

SEMESTER _____

NAME: _____
Last First MI

Chapter: _____

Termination of certification

Student Identification Number: _____ - _____ - _____

Instructions: Complete this card if you would like to have your certification terminated. Enrollment certification will not be processed without the student's request. **NOTE: It is the student's responsibility to notify the VSC when an enrollment status occurs and/or any changes to schedule.**

DATE: _____

SIGNATURE: _____



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