

RIO  
HONDO  
COLLEGE



## Termination of Certification

SEMESTER \_\_\_\_\_

NAME: \_\_\_\_\_ Chapter: \_\_\_\_\_  
Last First MI

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: \_\_\_\_\_