



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: _____