



AIHT EDUCATION

CERTIFICATE REQUEST FORM

Student Name: _____

Program Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Social Security # _____

Your Name Appears on Certificate: _____

Signed: _____ Date: _____

Delivery Option: Mail In-person

(You will be charged \$2.00, if you opt for Mail Delivery)

Please allow a month to process your request.

(OFFICE USE ONLY)

Finance & Accounting

Self Other (If any) _____

Total Price: _____ Paid Balance: _____ Admin. Sign _____

Externship

Comments: _____ Admin. Sign _____

Graduation

Start Date: _____ End Date: _____ Admin. Sign _____

File Status

Complete to process? Yes No

If not (Reason): _____

Administrative Officer Signature _____

Date: _____