APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP AT GRCC

1. Name of Sponsor	
-	(Employer Name)
2. Address	
(Street #)	(City, State, Zip code)
3. Full Name of Apprentice	(Exactly as it should appear on certificate)
4. Student #	
5. Wage Rate at Completion	(Mandatory)
	(Manaatory)
6. Trade	Length of Apprenticeship (1, 2, 4 years)
7. Number of Hours of Previous C	Credit Allowed
8. Date of Completion	
application has satisfactorily comp	onsor, I hereby certify that the apprentice's name on this pleted his/her apprenticeship program and hereby certificate of Completion of Apprenticeship.
Date	Signed
	(Company Representative)
	Title
	of the form to be filled out by GRCC
• Total Hours of Related-Trade l	Instruction Completed
Related Instruction Furnished I	GRCC to fill in above line by:
-	(a) Public vocational school (b) Any other training hours
Director(s) of Related-Instruction	ion Certifying Items Above
Name	Address: 143 Bostwick NE, ATC-221
Signature	Grand Rapids, MI 49503
** Lines 1-8 of this form need to be con	mpleted by the company apprenticeship coordinator, in

^{**} Lines 1-8 of this form need to be completed by the company apprenticeship coordinator, in addition to a signature in the box. The form should then be sent to GRCC (katherinepena@grcc.edu) for verification of schooling hours. GRCC will then forward the form to the Records Office for a Manufacturing Apprenticeship Certificate to be issued. If your company is registered with the DOL, the company coordinator is responsible for completing their apprentice in the RAPIDS system. **