



Bellingham Technical College HIGH SCHOOL DIPLOMA APPLICATION

Date Submitted _____

Effective 2009, students earning an associate degree from a community or technical college are allowed to earn a state high school (HS) diploma according to SHB 1758. Students selecting this option are not required to complete the State Board of Education's high school graduation requirements.

Students who are interested in earning the High School Diploma through Bellingham Technical College (BTC) **must complete and submit this form to the Registration Department.** Diplomas are mailed out 8-10 weeks after all program requirements are completed and posted to the transcript. To ensure timely processing of your program completion, please submit your application by the second week of your final quarter. Late applications will be accepted, but may not be processed until the following quarter. Upon verification of completion of a **BTC ASSOCIATE DEGREE** (not a certificate), a high school diploma will be posted to the student's BTC transcript.

Eligibility for a high school diploma awarded by BTC will only be conferred for students who have NOT already earned a high school diploma. Check which eligibility criteria apply to you (must complete this portion to be awarded):

I am or have been a Running Start* student, have **never** earned a high school diploma, and I am under 21.
Birth Date (mm/dd/yyyy) _____ High School _____

***Running Start students are juniors or seniors in high school who can earn both high school and college credit simultaneously by enrolling in a community or technical college and some four-year higher education institutions through the Running Start program.**

I have **never** participated in the Running Start program or earned a high school diploma, and I am 21 or older.

PLEASE FILL OUT THIS FORM COMPLETELY FOR CONSIDERATION:

Your application may be delayed or returned if information is incomplete.

NAME: (Legal name as it appears on your school record) **PLEASE PRINT CLEARLY.**

FIRST MIDDLE INITIAL LAST ctcLink ID # or SSN #

MAIL HS DIPLOMA TO:

STREET ADDRESS CITY STATE ZIP CODE

PHONE _____ EMAIL _____

Have you already received a **DEGREE** at BTC? No Yes Quarter/Year: _____

Program name (please print): _____

If no, when do you anticipate graduating with a degree: Summer/Yr ____ Fall/Yr ____ Winter/Yr ____ Spring/Yr ____

I certify that all of the information I have provided on this form is true and complete to the best of my knowledge, and that untruthful or misleading information is cause for rejection of my waiver request and retroactive billing.

Student signature: _____ Date: _____
(Required. Submit signed form to Registration.)

Parent or Guardian signature: _____ Date: _____
(Required if student is under 18)

FOR OFFICE USE ONLY

Director of Registration and Enrollment verification of degree awarded.

Approval Reason for Denial: _____

Denied Signature: _____ Date: _____

Degree/Certificate Posted to Transcript Date: _____ Year/Quarter awarded _____

Certificate Mailed Date: _____