

NORTHERN NEVADA MANUFACTURING COLLABORATIVE

APPLICATION FOR CERTIFICATE

MANUFACTURING FOUNDATIONS

Please Print Clearly in Ink

Participant Name: _____

Telephone: _____

Email: _____

Employer: _____

Employer Contact: _____

PROGRAM COURSE COMPLETION

Participant please complete.

COURSE	FALL	SPRING	SUMMER	YEAR
BUSINESS 107B				
BUSINESS 110B				
MATH 110B				
DRAFTING 110B				
ENGLISH 98 or 101				

Participant

I have completed the prescribed Manufacturing Foundations course of study and I request the Manufacturing Collaborative Advisory Committee award a Certificate of Completion.

Participant Signature: _____ Date: _____

Western Nevada College

The program participant named above has completed each of the prescribed courses as detailed with a grade of C or higher.

WNC Representative: _____ Date: _____

Manufacturing Collaborative Advisory Committee

The Manufacturing Collaborative Advisory Committee has reviewed this application and approves the award of the Manufacturing Foundations Certificate.

MCAC Representative: _____ Date: _____