



Alabama Course of Study

615 Main Avenue SW * Cullman, AL 35055 * 256-747-3329 * alcosregistrar@aol.com

Application for Graduation Certificate

Name: _____

I have completed all courses in (put the date you completed each year):

_____ Year 1

_____ Year 2

_____ Year 3

_____ Year 4

_____ Year 5

I expect to complete all twenty courses in the Alabama Course of Study School and to receive my Certification of Graduation in:

(Month, Year)

(Signed)

(Date)