



Alabama Course of Study

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

Application for Graduation Certificate

Name: _____

(as you want it to appear on your certificate)

Conference: _____

District Superintendent: _____

I have completed all courses: (put the classes 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)