*Certification by Registrar*

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

 *(name)*

 *(address)*

has completed his/her first semester’s work at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(college or university)*

and is now registered for her second semester work.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Registrar)*

***Complete form at the beginning of second semester and send by February 15, 2025 to:***

Carol Beck

CCAHCE Treasurer

5700 Prairie Stone Dr.

McFarland, WI 53558 