

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, 2027 to:***

Carol Beck
CCAHCE Treasurer
5700 Prairie Stone Dr.
McFarland, WI 53558

