

**BARTON COMMUNITY COLLEGE
Completion Intent Form**

Student's Name: _____

SSN or Student ID _____

Student entered the program in: Fall____ Spring____ Summer____

Student intends to complete the following certificate or degree program:

X which applies	Program	Completion	Internal Code
	Crop Protection	16 hour Certificate Only (less than one year)	NDS
	Crop Protection	33 hour Certificate Only (less than one year)	NDS
	Crop Protection	16 hour Certificate Only (one year program)	CERT 1 (A)
	Crop Protection	33 hour Certificate Only (one year program)	CERT 2 (B)
	Crop Protection	Certificate and AAS Degree	AAS
	Emergency Medical Technician	EMT course completion only	SAPP
	Emergency Medical Technician and Mobile Intensive Care Technician	MICT AAS Degree	AAS
	Natural Gas Technician	16 hour Certificate Only (less than one year)	NDS
	Natural Gas Technician	33 hour Certificate Only (less than one year)	NDS
	Natural Gas Technician	16 hour Certificate Only (one year program)	CERT 1 (A)
	Natural Gas Technician	33 hour Certificate Only (one year program)	CERT2 (B)
	Natural Gas Technician	Certificate and AAS Degree	AAS
	Phlebotomy	Phlebotomy course completion only	NDS
	Phlebotomy and Medical Lab Technician	MLT AAS Degree	AAS
	Phlebotomy and Medical Assistant	Medical Assistant AAS Degree	AAS
	Pension Administration	Pension Administration course completion only	NDS
	Pension Administration/Business Management and Leadership	Business Management and Leadership AAS Degree	AAS

I understand that by signing this document, I am certifying that the information is reported as true and correct.

Student's Signature

Date

Advisor's Signature

Date

Warning: If you purposely give false or misleading information to obtain federal financial aid, you may be fined, be sentenced to jail, or both.

Please return this form to: Director of Financial Aid at Barton County Community College.