SINTE GLESKA UNIVERSITY
Institute of Technologies
DATA ENTRY
STATUS SHEET

NAME: **ID NUMBER:**

ADDRESS: **PHONE:**

EMAIL: **UPDATED:**

SHORT-TERM CERTIFICATE
DATA ENTRY

COURSE NUMBER & TITLE	HR. YR. GRADE	NOTES:
___DE 100 Basic Spreadsheet Applications	3 _____	
___OE 111 Word Processing	3 _____	
___DE 115 On Site Training	3 _____	

TOTAL REQUIRED HOURS   **9**
FOR DATA ENTRY
SHORT-TERM CERTIFICATE: