



VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
email: records@viriniawestern.edu / Fax: 540-857-6102

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Empl ID (Required)

This student has successfully documented that he/she has obtained certification from the Occupational Safety and Health Administration by providing a copy of the certification. This certification shall be awarded the noted credit. The appropriate documentation (copy of the OSHA card) is attached to this request.

OSHA Certification from Occupational Safety and Health Administration			
SAF 127 (227201)	Industrial Safety	2 credits	<input type="checkbox"/>

OSHA Certification from Occupational Safety and Health Administration			
BLD 215 (574816)	Construction Safety	2 credits	<input type="checkbox"/>

Other (appropriate documentation attached):			
_____	_____	___ credits	<input type="checkbox"/>

\_\_\_\_\_  
Academic School Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

Date Recorded: \_\_\_\_\_ Initials: \_\_\_\_\_

12/2019