

**SINTE GLESKA UNIVERSITY
Institute of Technologies
CUSTOMER SERVICE**

STATUS SHEET

NAME:

ID NUMBER:

ADDRESS:

PHONE:

EMAIL:

UPDATED:

SHORT-TERM CERTIFICATE CUSTOMER SERVICE
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COURSE NUMBER & TITLE

HR. YR. GRADE

NOTES:

__OE 102 Customer Service

3 _____

__OE 121 Professional Development

3 _____

__OE 105 On Site Training

3 _____

**TOTAL REQUIRED HOURS
FOR CUSTOMER SERVICE
SHORT-TERM CERTIFICATE:**

9