STUDENT FORM

Exhibit A
To The
Memorandum of Understanding dated May 15, 2026
By and Between
Cuyahoga Community College
And
Cuyahoga Valley Career Center
Fiber Optics Program

CVCC Student's Certificate

1. To be completed by CVCC:

I _____(name) do herby certify and warrant that I am the Adult Education Coordinator of the Certified Fiber Optic Technician (FOT) Program at Cuyahoga Valley Career Center and I am duly authorized to sign and deliver this students' certificate on behalf of CVCC. I further certify and warrant that _____ (student's name) completed the Fiber Optic Technician (FOT) Program at Cuyahoga Valley Career Center earning the Certified Fiber Optic Technician Certification (CFOT), thereby meeting the *Memorandum of Understanding (MOU) Criteria on Attachment A 1 (a) as more fully set forth in the MOU By and Between Cuyahoga Community College and Cuyahoga Valley Career Center dated* _____
MOU Criteria Achieved: Certified Fiber Optic Technician Certification (CFOT) on _____, _____, 20___.
Signed this _____ day of _____, 20_____:
Signature: _____

2. To be completed by Student:

I authorize CVCC to release academic information to Cuyahoga Community College and will provide proof of my successful completion and certification (CFOT) of the Fiber Optic Technician (FOT) Program.

_____	_____	_____
Student Signature	Date	Student Number

_____	_____
Student Name (Print)	Student Phone Number

_____	_____	_____	_____
Student Address	City	State	ZIP