

## Application for Certificate of Achievement/Skills Recognition

<u>Submit completed form by email to mjcevaluations@mjc.edu, fax, mail, or in-person to the Evaluations Office.</u>

OFFICE USE ONLY					
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## Requirements to complete this form & successfully receive your certificate:

- Complete ONE form for EACH certificate. Please type or print clearly.
- You must apply in the term in which you expect to complete your certificate requirements.
- We recommend that you meet with a counselor before applying to ensure you have met all the requirements.
- All correspondence from the Evaluations Office will be sent to your College Student Email ONLY.

Student ID: w		Date of Birth:_			
Student Information (Pleas					
Last Name:	Fi	irst Name:			MI:
I am applying for a Certifica *If your major is not shown in the dropdown menu, ple		cognition in:			
Requirements were/will be co		/ Year			
l authorize Modesto Junior Colle (If this is left blank, your response will		I newspapers: Yes [			
l acknowledge the official nai	me on record will be used as th	e name on the certificate	2.		
Student Signature:			Date:		
***	*FOR OFFICE USE ONLY - DO	O NOT WRITE BELOW	THIS LINE***		
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Certificate Application Form 2/18/2015