



# Application for Certificate of Competency/ Completion

Submit completed form by email to [mjcevaluations@mjc.edu](mailto:mjcevaluations@mjc.edu), mail, or in-person to the Enrollment Services Office.

### 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 Information (Please list your *legal* name):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID: w \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please check which certificate you are applying for

#### Certificate of Competency

- English for Life and Work: Elementary (ELW 901, 902 & 903)
- English for Life and Work: Proficient (ELW 904, 905 & 906)
- Proficiency in Arithmetic (MATH 911, 912 & 913)
- Proficiency in Pre-Algebra (MATH 921, 922, 923 & 924)

#### Certificate of Completion

- Research Skills (LIBR 901, 902 & 903)

Requirements were/will be completed:  Fall  Spring  Summer \_\_\_\_\_  
Year

**I acknowledge the official name on record will be used as the name on the certificate.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
Comments: _____	<input type="checkbox"/> Pending _____
	<input type="checkbox"/> Complete _____
	<input type="checkbox"/> Ineligible _____
	<input type="checkbox"/> SGRD _____
	<input type="checkbox"/> Email _____

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