



Application for Certificate of Achievement/ Skills Recognition

Submit completed form by email to 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):

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____ Date of Birth: _____ Phone Number: _____

I am applying for a Certificate of Achievement/Skills Recognition in: _____

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:** _____

FOR OFFICE USE ONLY

Course(s)	Units	1st	Final

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