



PETITION FOR LOCAL/ SKILLS CERTIFICATE

NAME:

STUDENT ID NUMBER

Type your name EXACTLY as you want it printed on your certificate

EMAIL:

PHONE:

I hereby petition to receive a Local / Skills Certificate in:

I followed the requirements as listed in the following catalog: (List catalog year)

CERTIFICATE REQUIREMENTS:

1. Complete major courses as outlined in the catalog for a program approved as a Local or Skills Certificate.
2. A "C" grade or better is required in each course taken for the certificate, unless otherwise specified.
3. It is the responsibility of the Program Coordinator to certify that each applicant has met all of the certificate requirements. The student must provide a copy of all transcripts for review with this form.
4. If a course is used from another college to meet a program requirement, that transcript must be on file and evaluated by the Admissions & Records Office before the certificate is awarded.
5. Return this form to the **Office of Instruction, Room 1532- Building 1500 Administration Building.**

COURSES AS LISTED IN THE CATALOG	UNITS	SEMESTER COMPLETED	GRADE

Student's Signature: _____

Date: _____

Program Coordinator's Signature: _____

Date: _____