

Application for Certificate of Achievement/Skills Recognition

Evaluations Office, Student Services Bldg. Rm. 110 435 College Ave., Modesto, CA 95350 Phone: (209) 575-6421 – Fax (209) 575-6695

For Office Use Only SACP SGRD						
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Graduated						
Remove	d					

- Complete one form for each certificate. Please type or print **clearly**.
- You must apply at the beginning of the semester 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 requirements.
- All correspondence from the Evaluations Office will be sent to your MJC STUDENT EMAIL only.

Legal Name						
Last			First		Middle	
Student ID#: W			Date of Birth:	/	/ 	
I am applying for a Cer	rtificate of Achievement	in:				
Requirements for thi	s certificate were/will be	e completed:	Semester	/ 		
	unior College to release i " and your name will no			☐ No (If this is left	: blank, your response	
I acknowledge t	the official name	on record v	will be used as th	ne name on the co	ertificate	
Signature				Date		
***	FOR OFFIC	E USE ONLY –	DO NOT WRITE BELO	W THIS LINE *******	***	
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ELIGIBLE	INELIGIBLE EMAILED					
FINAL CHECK BY	EMAILED					