

Office Use Only: SACP SGRD UACF

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Counselor Signature (required): _____ Date: _____



Application for Certificate of Achievement

Complete form and return to:
Columbia College, Admissions & Records
11600 Columbia College Drive
Sonora, CA 95370
Fax (209) 588-5337

Student ID# _____ Birth Date _____ Semester of completion _____
(see catalog for deadline dates)

I wish my name to **appear** on my certificate as follows:

Last Name	First	Middle
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I wish to apply for _____
Title of Certificate exactly as it appears in the catalog

Catalog year I am following: _____

My mailing address: _____
Street Address/P.O. Box City State Zip Code

Columbia College e-mail address: _____ Phone () _____

I authorize Columbia College to print my name in the commencement program and to release my name to local newspapers.

Yes No

In order to have this application evaluated, I understand it is MY RESPONSIBILITY to have official transcripts from ALL colleges on file at Columbia College. I certify that the information contained in this application is true and accurate to the best of my knowledge.

Using other transcripts – please list: _____

Signature: _____ Date: _____

No more than 30% of the courses required for the certificate may be fulfilled with parallel courses completed at other accredited institutions.

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OTC Letter Eval. Prelim. Eval. Final
Mail Cert. Date: _____ Eligible Ineligible

ARO Rev. 09/14