

PIERCE COLLEGE

Graduation Office

6201 Winnetka Avenue PMB-319, Woodland Hills, CA 91371

(818) 710-4164 Office Hours: M-Th 8:00 - 7:30, F 9:00 - 4:00

www.piercecollege.edu

CERTIFICATE of ACHIEVEMENT

Please read and keep for future reference

1. Please fill out the attached Petition and return it by the deadline below:

Fall 2011 Graduates: March 1 thru June 3

Spring 2012 Graduates: August 1 thru October 31

2. If you would like an in-person evaluation, you must make an appointment to meet with a counselor. The Counseling Office is located on the 1st floor of the Student Services Bldg and can be reached at 818-719-6440.
3. If you have attended any colleges or universities outside the Los Angeles Community College District and will be using coursework toward a Certificate of Achievement, we require official transcripts to be on file with our office. This also applies to any coursework taken within our District prior to Spring 1974, high school transcripts and AP test scores. Transcripts must be mailed from the issuing school directly to Pierce.
4. You will receive an email notification approximately 4 months after the end of the semester informing you that your certificate is ready for pick up. If you would like your certificate mailed to you, please submit \$2 for domestic postage or \$5 for international postage with this petition.
5. You may access graduation ceremony information on the Pierce College website beginning April 2011.

All changes of email address, postal address, and phone number must be reported to the Graduation Office and the Admissions & Records Office as soon as possible.

Thank you for your cooperation. We wish you continued success in your future educational endeavors.

OFFICE USE ONLY
 DEC: _____
 DOD: _____
 ACC: _____



Semester of Completion:

Petition for Certification of Achievement

PLEASE PRINT CLEARLY (NAME WILL APPEAR ON DIPLOMA AS WRITTEN BELOW)

FIRST NAME	MIDDLE NAME	LAST NAME		
LIST ANY FORMER NAMES (MAIDEN, ETC.)				
STUDENT ID NUMBER	DATE OF BIRTH	PHONE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE	
EMAIL ADDRESS	SIGNATURE			

FIRST NAME:

Do you have course substitution or pass alongs on file to be used toward these requirements? NO YES

List any additional colleges/universities where coursework was completed to be used toward this certificate.

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LAST NAME:

Name of Certificate(s) (You may list of to 5 separate certificates below)

Units Required: (ex: 05) Catalog Year: (ex: 10-11)

1.				-	
2.				-	
3.				-	

4. CSU Certification

5. IGETC Certification

Select appropriate box : UC CSU BOTH

Area 6: UC Language Req. Met : _____

Send completed IGETC Certification to the following Universities (list up to 3 schools only):

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I GIVE PERMISSION FOR MY NAME TO BE INCLUDED IN THE COMMENCEMENT PROGRAM: NO YES

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PETITION ADDENDUM

The requested information is optional and for statistical purposes only.

PLEASE CHECK ONE:

GENDER: MALE FEMALE

ETHNIC IDENTITY: