COLLEGE OF THE CANYONS
Petition for Certificate

Petition for Certificate in _____

Name _____
(Last) *(First)* *(Middle)*

Address _____
(Number) *(Street)* *(City)* *(Zip Code)*

Phone No. _____ I.D. # _____

Date certificate requirements will be completed _____
(Month) *(Day)* *(Year)*

Courses to apply for certificate:

Course Number	Units	Grade	Complete	In Progress	College

Petitioner _____ Date _____
(Signature)

Evaluator Approval _____ Date _____
(Signature)

At least half of the units which are required for the certificate must be completed at COC. All classes considered for the certificate must have a grade of "C" or better.

File Petition during the last semester of required classes.

White: Instruction Office
Pink: Student
Yellow: Evaluator