

## **Petition for Certificate of Specialization**

A Certificate of Specialization is a departmental award in an area of specialization requiring less than 18 semester units. This issuance of the departmental award is not recorded on the student's official transcript. Petitions are due in the fall/spring/summer term you will complete the requirements, and may be submitted before your last term or up until the final day of the term.

Term when the Certificate of	of Specialization w	ill be completed	d (selec	t one – wi	nter is	not an awardin	g term):		
	Fall Spring		g	Summer		Year:			
Print name exactly as you	would like it to ap	pear on your ce	ertifica	te (40 char	acters	maximum):			
First Name:		Middle:			ı	_ast Name:			
Student ID#:	I	Date of Birth:		/		Phone:			
Student E-mail:		@my.canyon	s.edu (	COC email	is the	only email used	to communi	cate with	students
CERTIFICATE(S) OF	SPECIALIZAT	ION							
If earning multiple certificates, list each below.						TO BE COMPLETED BY A COUNSELOR			
Certificate of Specialization				Code (8000s)		Catalog Year	Major Cou	rse Sub	Submitted
							N/A	Yes*	Need*
							N/A	Yes*	Need*
							N/A	Yes*	Need*
							N/A	Yes*	Need*
Course		Term		rogress	Nee	ded/Planned	College		
IMPORTANT NOTE: If you a courses are needed for you a Counselor to have them o	ır certificate, subn	nit official trans	script(s	) as soon a	as grac				
Student Signature:					Date:				
Counselor (Print Name):		Counselor Signature: Date:							
NOTES:									

White: Admissions Yellow: Student Revised 1/2021