

Office Use Only: SACP SGRD UACF

C

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 _____ Year _____
(see catalog for deadline dates)

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

_____ Last Name First Middle

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

Permanent e-mail address: _____ Phone: _____
(Include area code)

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 (required): _____ Date: _____

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

Office Use Only:

OTC Letter
Mail Cert. Date: _____

SREP
Eval. Prelim.
Eval. Final

Eligible
Ineligible

Late Applications:

GRAD Info
GRAD Committee