

Office Use Only: SACP SGRD UACF

SAC

Counselor Signature (required): _____ Date: _____



Petition for Skills Attainment Certificate

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 a Skills Attainment Certificate for _____
Title of Skills Attainment Certificate 7J 35F>K 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)

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 *[Signature]* _____ Date: _____

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

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

CC A&R 3/18/15 JN