Clear Form

Application for Certificate of Achievement

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

FOR OFFICE USE ONLY

SACP_____ Other degree(s)/cert(s)
SGRD_____ _____
UACF_____ _____

Counselor Signature (**required**): _____
Not valid without counselor signature

_____ Student ID#

_____ Birth Date

Select Term
_____ Semester of Completion
(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 certificate for _____
Title of Certificate exactly as it appears in the Catalog

Catalog year I am following: Select Catalog Year _____

My mailing address is: _____
Street Address/P.O. Box City State Zip Code

Columbia College student e-mail address: _____ Phone (_____) _____
Area Code

I authorize Yosemite Community College District 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: **Not valid without student signature** _____ **Date:** _____

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

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Preliminary Evaluation _____
General Letter Mailed/OTC _____
Graduation Info Mailed/OTC _____
Memo _____
_____
_____

Final Evaluation _____
Date Completed _____
Final Letter Mailed _____
Mailed Certificate _____
Eligible _____
Ineligible _____

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