

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