

Request for Department Discipline Skills Certificate

PLEASE PRINT

Name: _____ Student I.D. No. _____
Last First MI
Address: _____
City State Zip Code
Contact Number _____ Email Address _____

Department/Discipline _____ (Select from the list of certificates on the reverse side.)

Certificate Requested _____ TOP/Major Code _____

Congratulations on your completion of an East Los Angeles College Certificate Program. In order to receive the actual certificate, you must complete this form and include the necessary items as stated in the Certificate Application Procedure on the back page of this form. **Verify you have completed all of the following general requirements before submitting your request.**

ALL GRADES MUST BE POSTED ON TRANSCRIPTS PRIOR TO SUBMISSION OF REQUEST.

GENERAL REQUIREMENTS

The following requirements must be fulfilled before certificate(s) can be granted by East Los Angeles College.

1. Grade of "C" or better in all courses required for certificate.
2. All courses acceptable for credit must be approved by the Western Association of Universities and Colleges or by a comparable accrediting agency. Requirement shall be determined by the **Department Chair** for the discipline. Transcripts from institutions outside the Los Angeles Community College District **must be mailed directly to the Admissions and Records Office**. No hand delivered transcripts accepted.
3. Course required for the Certificate must be completed at East Los Angeles College, unless otherwise approved.
4. All courses fulfilling the requirements for one certificate may be applied other certificates.

Please read certificate application procedure on the reverse side before continuing.

List all the required courses for the Certificate requested. Indicate when and the college the courses were completed. **OFFICIAL SEALED TRANSCRIPTS** from institutions outside of the Los Angeles Community College District must be MAILED directly to the Admissions and Records Office. No hand delivered transcripts accepted.

If you require additional space, please attach another request form.

Course	Semester Completed	College Where Completed	Grade Received	GPA (For Dept. Chair Use)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cumulative GPA: _____

Student's Signature _____ Date _____