DE ANZA COLLEGE APPLICATION FOR CERTIFICATE				Final Action – Evaluation Office Only			
SID: Award Date	e: Fall Winter	Spring S	Summer	20			
Phone:	Email:				Units Complet	ed GPA	1
PRINT NAME AS IT SHOULD APPEAR ON C	CERTIFICATE				De Anza		
Name:		w.	Foothill				
					Transfer		
Street:					TOTAL		
City: State: Zi	p:				Approval:		_
Certificate of Achievement					Date:		
Certificate of Achievement-Advanced					Certificate maile	ed:	_
English proficiency met. How?	Math profic	iency met. How?			Verified by:		

To Be Completed:

Requirements Pending	Quarter	Final Grade

- Attach a Degree Works audit showing completion of program to application.
- Submit application with audit in the Admissions and Records drop-box located in front of Bookstore entrance near where A&R is located.
- Attach photocopies of CPR and 1st Aid certifications if required for Child Development, Health Technologies or Massage Therapy programs.
- Approved petitions for course substitutions/waivers must be on file in A&R prior to submitting application.

A. List other colleges attended only if courses are required for the certificate.

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College	ON I	FILE	Need Official
	Yes	No	Transcript
Pre 83 De Anza*			
Pre 83 Foothill*			

Submit to: Admissions and Records Drop Box, located outside south entrance of Student and Community Services Building.

I agree to notify the Evaluation Office at (408) 864-8651 or 8288 or 8375 if there are any changes to this application. I understand I must complete courses in progress to meet the requirements for the certificate. It will be my responsibility to **file another application** if I do not fulfill the requirements pending.

------ Student Agreement

Student Signature ____

Date _