



Application for Certificate

Admissions and Records ■ Student Services Center, Lower Level
(909) 274-4415

PLEASE PRINT:

1. Student Information: (Please print your name as you wish it to appear on your certificate)

Name: _____ Mt. SAC ID #: **A** _____
 Last First Middle Phone Number: _____

2. Name of Certificate : Certificate #:

3. Catalog Year: _____

I PLAN TO RECEIVE MY CERTIFICATE (Please indicate a term/year):

SUMMER FALL WINTER SPRING YEAR:

4. Please answer all questions:

a. I am currently enrolled in classes needed to complete the requirements for this certificate. Yes No

b. I took all the required classes at Mt. SAC. Yes No If No, please complete the following:

Note: At least half of the required number of units for this certificate must have been taken at Mt. SAC.

Class	College	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Are all official transcripts of your other college work on file in the Mt. SAC Admissions and Records Office? Yes No Not Applicable

d. I submitted variances to the appropriate Division office for required classes I did not take at Mt. SAC. Yes No Not Applicable

5. Applicant's signature:

Student's Signature: _____ Date: _____

***** Please Save Form with a Different File Name *****