



# 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 ( <b>required</b> ): _____	

Student ID# \_\_\_\_\_

Birth Date \_\_\_\_\_

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: \_\_\_\_\_

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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

FOR OFFICE USE ONLY	
<b>Preliminary Evaluation</b> _____	<b>Final Evaluation</b> _____
General Letter Mailed/OTC _____	Date Completed _____
Graduation Info Mailed/OTC _____	Final Letter Mailed _____
Memo _____	Mailed Certificate _____
_____	Eligible _____
_____	Ineligible _____

