



Petition for Skills Attainment Certificate

FOR OFFICE USE ONLY

SACP _____
SGRD _____
UACF _____

Counselor Signature (**required**): _____

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 skills attainment certificate for _____
Title of Skills Attainment 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 release my name and award to all publications: 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 petition is true and accurate to the best of my knowledge.

Using other transcripts – please list: _____

Signature: _____ **Date:** _____

Petition may be submitted by fax, mail or in person.

**Columbia College, Admissions & Records
11600 Columbia College Drive
Sonora, CA 95370
FAX (209) 588-5337**

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Preliminary Evaluation _____	Final Evaluation _____
General Letter Mailed/OTC _____	Date Completed _____
Recognition Info Mailed/OTC _____	Final Letter Mailed _____
Memo _____	Mailed Certificate _____
_____	Eligible _____
_____	Ineligible _____

