



CERTIFICATE OF PROFICIENCY Application for Graduation

Print your full name as you would like it to appear on the diploma (print legibly):

Last	First	Middle	Student ID #
Street Address			Apt. #
City	State	Zip	Phone

Address to which you would like your diploma mailed, if different from above. NOTE: MUST attach a mailing label for international delivery. (Diploma will be mailed approximately 12 weeks after the end of the quarter.)

Street Address			Apt. #
City	State	Zip	Phone

List all other colleges you have attended: (NOTE: Official copies of all other college transcripts must be on file in order for you to graduate.)

I am applying to graduate at the end of: (Circle one below and enter the year.)

FALL WINTER SPRING SUMMER Year: _____

I AM APPLYING FOR A CERTIFICATE OF PROFICIENCY IN THE AREA OF:

To obtain a Certificate of Proficiency, you must ATTACH A COPY OF THE PLANNING SHEET for your program, listing all courses (completed and planned). The planning sheet should be filled out in cooperation with your program advisor, and **it must be signed by your advisor and division dean**. Planning sheets can be obtained at the Advising and Counseling Center in the FOSS Building (Room 5229.)

STUDENT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Graduation approved _____ Date _____
Signature of credentials evaluator

Degree entered _____ Quarter _____ TR Cr _____

Diploma ordered _____ SCC GPA _____ Honors _____

Diploma sent _____ ICRC/program _____