

**COLLEGE OF THE CANYONS**  
**Petition for Certificate**

Petition for Certificate in \_\_\_\_\_

Name \_\_\_\_\_  
*(Last) (First) (Middle)*

Address \_\_\_\_\_  
*(Number) (Street) (City) (Zip Code)*

Phone No. \_\_\_\_\_ I.D. # \_\_\_\_\_

Date certificate requirements will be completed \_\_\_\_\_  
*(Month) (Day) (Year)*

Courses to apply for certificate:

Course Number	Units	Grade	Complete	In Progress	College

Petitioner \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature)*

Evaluator Approval \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature)*

At least half of the units which are required for the certificate must be completed at COC.  
All classes considered for the certificate must have a grade of "C" or better.

File Petition during the last semester of required classes.

White: Instruction Office  
Pink: Student  
Yellow: Evaluator