# Application for Certificate of Achievement

**Evaluations Office, Morris Memorial 107, 435 College Ave, Modesto, CA 95350**
**Phone: (209)575-6040 – Fax (209) 575-6695**

**You must apply for the certificate at the beginning of the semester in which you expect to complete your certificate requirements. If you are a Spring semester applicant, in order to guarantee that your name is printed in the commencement program, your application must be received no later than first Friday in March.**

I wish to apply for a Certificate of Achievement in: _____

1. Social Security Number _____ or Student ID W_____

2. I wish my name to appear on my certificate as follows:

_____
Last Name First Name Middle Name (Optional)

3. My address is: _____
Street Address City State Zip Code

4. E-mail address: _____

5. My phone number is: _____

6. My date of birth is: _____ 7. Male _____ Female _____

I authorize Modesto Junior College to print my name in the commencement program and to release my name to local newspapers.

YES _____ NO _____ Please note, if this section is left blank your response will be considered a "No."

Signature _____ Date: _____

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

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ELIGIBLE_____ INELIGIBLE_____

CHECKED BY_____ NOTIFIED_____

FINAL CHECK BY_____ NOTIFIED_____