# Application for Certificate of Achievement/Skills Recognition

***Submit completed form by email to mjcevaluations@mjc.edu, fax, mail, or in-person to the Evaluations Office.***

| OFFICE USE ONLY | | |
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| SACP | SGRD | |
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| Awarded | | |
| Removed | | |

**Requirements to complete this form & successfully receive your certificate:**

- Complete ONE form for EACH certificate. Please type or print **clearly**.
- You must apply in the term in which you expect to complete your certificate requirements.
- We recommend that you meet with a counselor before applying to ensure you have met all the requirements.
- All correspondence from the Evaluations Office will be sent to your **College Student Email ONLY.**

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**Student ID: w**_____ **Date of Birth:** _____

**Student Information (Please list your *legal* name):**

Last Name: _____ First Name: _____ MI: ____

***I am applying for a Certificate of Achievement/Skills Recognition in:*** Child Devt. Assoc. Teacher

**If your major is not shown in the dropdown menu, please write it in.*

Requirements were/will be completed: _____ / _____

**Semester** **Year**

I authorize Modesto Junior College to release my name to local newspapers: ☐ **Yes** ☐ **No**

*(If this is left blank, your response will be considered "No" and your name will not be printed in the newspaper)*

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***I acknowledge the official name on record will be used as the name on the certificate.***

**Student Signature:** _____ **Date:** _____

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

| | Units | 1st | Final |
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| OFFICE USE ONLY | | | |
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| ELIGIBLE | | INELIGIBLE | |
| CHECKED BY | | EMAILED | |
| FINAL CHECK BY | | EMAILED | |

*Certificate Application Form 2/18/2015*