



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	
SACP	SGRD
C	E I
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**.

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:

**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)

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

OFFICE USE ONLY	
ELIGIBLE _____	INELIGIBLE _____
CHECKED BY _____	EMAILED _____
FINAL CHECK BY _____	EMAILED _____