



Application for Certificate of Achievement/ Skills Recognition

Submit completed form by email to mjcevaluations@mjcc.edu

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 Information (Please list your *legal* name):

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: *w* _____ Birthdate: _____ Phone Number: _____

I am applying for a Certificate of Achievement/Skills Recognition in: _____

Requirements were/will be completed: Fall Spring Summer _____
Year

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

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Course(s)	Units	1st	Final

OFFICE USE ONLY	
Comments: _____ _____ _____	<input type="checkbox"/> Pending _____ <input type="checkbox"/> Complete _____ <input type="checkbox"/> Ineligible _____ <input type="checkbox"/> SGRD _____ <input type="checkbox"/> Email _____