CERTIFICATE APPLICATION

Shasta College Admissions & Records Office
PO Box 496006 Redding, CA 96049-6006

Please type or print clearly with ink: SEMESTER FOR WHICH YOU ARE APPLYING: (circle one) FALL SPRING SUMMER

_____ _____
NAME AS IT IS TO APPEAR ON THE CERTIFICATE CURRENT DATE

_____ _____
OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN STUDENT ID NUMBER

_____ _____
CURRENT MAILING ADDRESS (Street, City, State, Zip Code) TELEPHONE NUMBER

_____ _____
ADDRESS TO MAIL CERTIFICATE TO (Street, City, State, Zip Code) EMAIL ADDRESS

DO YOU PLAN TO ATTEND COMMENCEMENT EXERCISES IN THE SPRING? _____YES _____NO

Do you need special arrangements for access (wheelchair, sign language interpreter)? **_____YES _____NO**

HOMETOWN TO BE LISTED IN GRADUATION PROGRAM: _____

ARE YOU A PHI THETA KAPPA MEMBER? Yes ____ No ____ PTK#_____

Please specify Certificate for which you are applying: **Year of Catalog Rights: _____**

Certificate Title: _____ Certificate Code: _____

_____

(Certificate codes located on the reverse side of this form)

CERTIFICATE REQUIREMENTS: Please see the Shasta College Catalog or a Shasta College Counselor for details or questions.

1. Are all official transcripts from your other colleges on file at Shasta College? Yes _____ No_____

   List other colleges attended: _____

2. All course waivers, substitutions, or challenge forms must be on file with the Admissions & Records Office.

If you **have completed** the certificate requirements, please submit this application to the Shasta College Admissions & Records Office during the filling period specified on our website at www.shastacollege.edu. If **not completed,** please meet with your college counselor before applying for a certificate.

----------FOR OFFICE USE ONLY----------

Certificate Approved: YES NO Term: _____ Evaluated By: _____

Posted on Permanent Record: _____ Start Date of Catalog Rights: _____ Certificate Sent: _____
Date Initials Date Initials

Comments: _____

Revised 04/13