



CERTIFICATE APPLICATION

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

Please indicate the semester of certificate completion: _____ Fall _____ Spring _____ Summer Year: 20 _____

Name exactly as it is to appear on your diploma

Student ID number

Other names under which you have been known

Phone number

Address to mail diploma to (Street, City, State, and Zip Code)

Email address

Do you plan to attend the graduation ceremony in the Spring? _____ YES _____ NO

Do you need special arrangements for access (wheelchair, sign language interpreter)? _____ YES _____ NO

Hometown to be listed in the graduation program: _____

Are you a Phi Theta Kappa (PTK) member? _____ YES _____ NO PTK# _____

Year of Catalog Rights: _____

Certificate Title*: _____ <i>(e.g. Fire Fighter 1)</i>	Certificate Code*: _____ <i>(e.g. CT.3444)</i>
<small>*Certificate titles and codes listed on the reverse side of this form.</small>	

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 _____ N/A
2. List other colleges attended: _____
3. All relevant Advanced Placement (AP) scores must be on file at Shasta College.
4. All applicable course waivers and substitutions must be attached and submitted with this application.

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

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

Posted to Transcript: _____ **Start Date of Catalog Rights:** _____ **Certificate Sent:** _____
Date Initials Date Initials

Comments: _____