

Request for Department Discipline Skills Certificate

PLEASE PRINT

Name: _____ Student I.D. No. _____
 Last First MI

Address: _____
 City State Zip Code

Contact Number _____ Email Address _____

Department/Discipline _____ (Select from the list of certificates on the reverse side.)

Certificate Requested _____ TOP/Major Code _____

Congratulations on your completion of an East Los Angeles College Certificate Program. In order to receive the actual certificate, you must complete this form and include the necessary items as stated in the Certificate Application Procedure on the back page of ~~this form~~ **Verify you** have completed all of the following general requirements before submitting your request.

ALL GRADES MUST BE POSTED ON TRANSCRIPTS PRIOR TO SUBMISSION OF REQUEST.

GENERAL REQUIREMENTS

