

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 _____

Certificate Requested _____ (see reverse side for list of certificates.)

Department/Discipline _____ 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 o

student transcripts. Transcripts from other colleges need to be mailed directly to the Admissions Office as hand carrying it.

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