

MIRACOSTA COLLEGE APPLICATION **CERTIFICATE OF PROFICIENCY**

Name Print name exactly as it is to appear on certificate. (First, Middle, Last – use upper and lower case)	
Print name exactly as it is to	appear on certificate. (First, Middle, Last – use upper and lower case)
Student ID Number:	Birth Date:
Telephone Number:	E-mail:
Address to Mail Certificate:	
Name of certificate for which you	a are applying (please use exact title): (Certificate titles can be found in MCC catalog)
Number of units required for this	s certificate: units
Have you completed <u>ALL</u> course	requirements for this certificate? Yes D No D In Progress D
If No or In Progress, at the end o	f which semester do you anticipate completing your certificate program? Example: Fall 🗹 20 <u>18</u>
Fall 🗖 20	Spring $\Box 20$ Summer $\Box 20$
Do you have any Substitution/Wa	aiver forms on file at MiraCosta identifying courses to be used for this certificate?
	the Substitution/Waiver form(s) must be attached and turned in with this application
List any/all courses (from college	s <i>other</i> than MiraCosta) that you plan to apply toward this certificate:
Are transcripts for the above nar	ned course(s) on file at MiraCosta College? Yes □ No □
-	e on file at MiraCosta College <u>or</u> attached to this application.
*** REA	AD CAREFULLY BEFORE SIGNING ***
Note: If you intend to include a Substi-	tution/Waiver form and/or coursework completed at another institution, these documents must or attached to this application. Certificates can only be awarded after certificate requirements
Applications may be returned to I OR they can be mailed to the follo	Daria Davis in OC4820 on the Oceanside Campus; emailed to <u>dariadavis@miracosta.edu</u> , owing address:
	MiraCosta College Attn: Daria Davis One Barnard Drive, M/S 21

Student Signature:_____Date:_____

FOR OFFICE USE ONLY

Oceanside, CA 92056

Certificate Courses Confirmed: