

Office Use Only

Certificate _____

COLLEGE OF THE SISKIYOU
Counseling Services
800 College Avenue – Weed CA 96094
PETITION FOR CERTIFICATE

Office Use Only

TERM _____ YEAR _____

Name: _____ SID: _____ Birthdate: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ Other Last Names _____

I hereby petition for a certificate from College of the Siskiyous at the end of: Fall _____ Spring _____ Summer _____
Year Year Year

I have met the graduation requirements for a certificate in: _____ as listed in 20__ college catalog page _____
Please attach Certificate Worksheet found on <http://www.siskiyous.edu/counseling/majors.htm>

Do you have coursework from another college? YES NO If yes _____

Print your name as it should appear on your certificate: _____

Address where certificate is to be mailed: _____
Street City State Zip

Are you also receiving an AA/AS Degree at this time? YES _____ NO _____

Student Signature: _____ Date: _____

REV 01/11

FOR OFFICIAL USE

Units Completed _____ In Progress _____ Courses Needed _____

GPA 2.0 Completed _____ In Progress _____ Not Met _____

Certificate: Completed _____ In Progress _____ Not Met _____

Reviewer: _____ Date: _____ Comments: _____

Office Use Only

Registrar: Completed _____
Date: _____

COA C
Certificate Mailed: _____
Date: _____