

Office Use Only
Certificate _____

COLLEGE OF THE SISKIYOU
ADMISSIONS & RECORDS OFFICE
800 College Avenue – Weed CA 96094
(530) 938-5555

Office Use Only
TERM _____ YEAR _____

PETITION FOR CERTIFICATE

Name: _____ SSN: _____ 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 _____
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: _____

FOR OFFICIAL USE

Units	Completed _____	In Progress _____	Need _____ units
Courses	Need _____		
GPA 2.0	Completed _____	In Progress _____	Not Met _____
Reviewer: _____	Date: _____	Comments: _____	

REV 04/08

Registrar: In-Progress _____
Date: _____
Registrar: Completed _____
Date: _____
Certificate Posted: _____
Date: _____
Certificate Mailed: _____
Date: _____