



Petition for Skills Certificate

INSTRUCTIONS:

1. Type or print in black ink. Please print your name clearly as you would like it to appear on your skills certificate.
2. Attach copies of all transcripts which include classes required for this certificate.
3. Please return your completed application to the Office of Academic Affairs (SSA 218) 310-233-4020.
4. Effective Fall 2008, Skills Certificates will not appear on your transcript.

LAST NAME		FIRST NAME		MIDDLE NAME		STUDENT I.D. NO	
STREET ADDRESS		CITY		STATE		ZIP CODE	
Date of Birth:	Name of Certificate as it appears in the catalog: SKILLS CERTIFICATE IN ARCHITECTURAL TECHNOLOGY – ARCHITECTURAL TECHNICAL			Date of Completion:		TELEPHONE NUMBER	
				<input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____		() _____	
STUDENT'S SIGNATURE:			DATE:		EMAIL ADDRESS:		
LIST YOUR CURRENT PROGRAM				LIST <u>ALL</u> COURSES COMPLETED TOWARDS CERTIFICATE:			
<u>Course Title</u>		<u>Units</u>		<u>Course Title</u>		<u>Units</u>	
1. _____				1. _ARC 115 _____		2	
2. _____				2. _ARC 151 _____		3	
3. _____				3. _ARC 160 _____		3	
4. _____				4. _ARC 161 _____		2	
5. _____				5. _ARC 162 _____		3	
6. _____				6. _ARC 172 _____		3	
7. _____				7. _____			
FOR OFFICE USE ONLY				FOR OFFICE USE ONLY			
INSTRUCTOR:		NOTE COMMENT:		DIVISION CHAIR:		NOTE COMMENT:	
		<input type="checkbox"/>				<input type="checkbox"/>	
DENIED <input type="checkbox"/>		GRANTED <input type="checkbox"/>		PENDING <input type="checkbox"/>			
_____		_____		_____		_____	
SIGNATURE		DATE		SIGNATURE		DATE	
Comments or Notes:				Comments or Notes:			
DEAN:				Confirmed: Student notified by email <input type="checkbox"/>			
Approved: _____				Confirmed: Student picked up Skills Certificate <input type="checkbox"/>			
Date: _____				Student's Signature: _____			
				Date: _____			