



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 – DESIGN			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. ENV 101 _____		3	
2. _____		_____		2. ENV 102 _____		3	
3. _____		_____		3. ARC 160 _____		3	
4. _____		_____		4. ARC 164 _____		2	
5. _____		_____		5. ARC 201 _____		3	
6. _____		_____		6. ARC 202 _____		3	
7. _____		_____		7. _____		_____	
FOR OFFICE USE ONLY				FOR OFFICE USE ONLY			
INSTRUCTOR: _____		NOTE COMMENT: <input type="checkbox"/>		DIVISION CHAIR: _____		NOTE COMMENT: <input type="checkbox"/>	
DENIED <input type="checkbox"/>		GRANTED <input type="checkbox"/>		DENIED <input type="checkbox"/>		GRANTED <input type="checkbox"/>	
		PENDING <input type="checkbox"/>				PENDING <input type="checkbox"/>	
_____ SIGNATURE			_____ DATE		_____ SIGNATURE		
_____ 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: _____			