

Application for Graduation Certificate of Proficiency

Applicant Information			
Print Student's Name	Prefe	rred Name to appear	r on Diploma
Email	Stude	ent ID	_
Please fill out the address in Please note that certifica	formation below to where yates are mailed approximate		
Street Address and Apt # (if applical	ole)		
City	State, Zip Code		Phone Number
NOTE: Official copies of other colle	ge transcripts with credits ap _l for you to gradua	· ·	ments must be on file in order
I am applying to graduate at the end of the following quarter:		Spring Summer Fall	 Year
I am applying for a Certificate	e of Proficiency in the Are	Winter a of:	
To obtain a Certificate of Proficienc courses (completed and planned). To and it must be signed by your advises s	The planning sheet should be	filled out in cooperat g sheets can be obta	tion with your program advisor,
Student's Signature	Date		
or Office Use Only			
Graduation Approved? Yes No	Date: Te	erm:	Transfer Credit:
Diploma Ordered: Se	CC GPA: Ho	onors:	Diploma Sent:

Shoreline Community College is committed to nondiscrimination and to providing access and reasonable accommodation in its services, programs, and activities for individuals with disabilities. To request disability accommodation contact Student Accessibility Services, at least ten days in advance at: 206.546.4545, or e-mail at sas@shoreline.edu.

Updated 07/2025