

CERTIFICATE OF PROFICIENCY Application for Graduation

Print your full name as you would like it to appear on the diploma (print legibly):

First Name _____ Middle Name _____ Last Name _____ Student ID # _____
Street Address _____ Apt. # _____ Daytime Phone # _____
City _____ State _____ Zip Code _____

**Address to which you would like your diploma mailed, if different:
(Diploma will be mailed 8-12 weeks after quarter's end.)**

Street Address _____ Apt. # _____ Daytime Phone # _____
City _____ State _____ Zip Code _____

List all other colleges you have attended: (NOTE: Official copies of all other college transcripts must be on file in order for you to graduate.)

I am applying for graduation at the end of (circle one below): **PHI THETA KAPPA** _____
FALL WINTER SPRING SUMMER Year: _____

I AM APPLYING FOR A CERTIFICATE OF PROFICIENCY IN THE AREA OF:

To obtain a Certificate of Proficiency, you must ATTACH A COPY OF THE PLANNING SHEET for your program, listing all courses (completed and planned). The planning sheet should be filled out in cooperation with your program advisor, and **it must be signed by your advisor and division chairperson**. Planning sheets can be obtained at the Advising and Counseling Center in the FOSS Building (Room 2133).

STUDENT'S SIGNATURE _____ **DATE** _____

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FOR OFFICE USE ONLY

Graduation approved _____ **Date** _____
Signature of credentials evaluator

Degree entered _____ Quarter _____ TR cr _____
Diploma ordered _____ SCC gpa _____ Honors _____
Diploma sent _____ ICRC/program _____