For Office Use Only	
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Graduated _____	
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Application for Certificate of Achievement/Skills Recognition

Evaluations Office, Student Services Bldg. Rm. 110 435 College Ave., Modesto, CA 95350
Phone: (209) 575-6421 – Fax (209) 575-6695

- Complete one form for each certificate. Please type or print **clearly**.
- You must apply at the beginning of the semester in which you expect to complete your certificate requirements.
- We recommend that you meet with a counselor before applying to ensure you have met all requirements.
- All correspondence from the Evaluations Office will be sent to your **MJC STUDENT EMAIL** only.

Legal Name _____ _____ _____
Last First Middle

Student ID#: W _____ Date of Birth: _____ / _____ / _____
Month Day Year

I am applying for a Certificate of Achievement in: _____

Requirements for this certificate were/will be completed: _____ / _____
Semester Year

I authorize Modesto Junior College to release my name to local newspapers. ☐ Yes ☐ No (If this is left blank, your response will be considered "No" and your name will not be printed in the newspaper.)

I acknowledge the official name on record will be used as the name on the certificate

_____ _____
Signature Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE
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	Units	1st	Final

	Units	1st	Final

ELIGIBLE _____ INELIGIBLE _____
CHECKED BY _____ EMAILED _____
FINAL CHECK BY _____ EMAILED _____