OXNARD COLLEGE COUNSELING OFFICE

Office Use Only

SHADEGR

□AP □UA I □DN

Certificate Seq #_

CSU GE Transfer Certification and Certificate of Achievement Application
Semester (Circle One): Fall / Spring / Summer 20_____

All transcripts and GE check sheet must accompany this application

PRINT CLEARLY!

Name (First/Middle/Last)			SHADIPL Description
Other Name(s) Used:			SHATCMT COAPostee
Date of Birth:		Student ID#	
Home Phone:			
Address:			
Street	City		Zip
Catalog Year Used:	Last semester at (Oxnard College:	
What college/university do you pla		_	
Are official copies of your transcripts for NOTE: OFFICIAL TRANSCRIPTS ARE RE		e at the Admissions & Record	•
SATISFY REQUIREMENTS. FAILURE TO CERTIFICATION AND CERTIFICATE OF Counselor completes this section	PROVIDE OFFICIAL TRANSCRIPTS WIL		
Please check as noted:	A		
	В		
	C D		
	E		
	**Partial Certification		
	Total Certification		
**Student will not be eligible for Certificate US History: In Progress Checklist:			\square Completed
Student received copy of certification Student has completed a minimum of ***Students that haven't completed the 1 Student has completed all courses w	f 12 units in residency at OC to earr 2 units in residency will not be eligible ;	for the Certificate of Achieven	nent.
NOTE: CSU GE Certification will be proce will be available for pick up 8 - 10 after	_	all requirements are complet	ed. The Certificate of Achievement
Student's Signature			Date
Counselor's Signature	Print Name:		Date

White: Admissions and Records Canary: Counseling Student File Pink: Student Revised 6-5-18