



Victor Valley College

Return Completed form to
Admissions & Records

Application for Certificate

Please review the certificate requirements before completing application.

STUDENT INFORMATION		
Name	Date of Birth	Student ID Number
Address		
City		Zip Code
Phone Number	E-mail Address	

PREVIOUS EDUCATION
List colleges attended: <i>(if transcripts are not on file in the Admissions office, they must be submitted ASAP.)</i> _____

Are you currently enrolled at VVC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you met the 12 unit residency requirement at VVC? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--

CERTIFICATE INFORMATION
Certificate for which you are applying: _____ Catalog Year: _____
Clearly print your name as you want it to appear on the certificate: _____
Mailing Address (address to which certificate should be mailed): - Must match address on file _____
Address City State Zip Code

Student Signature

Date

For Office Use

Date Received: _____ Date Logged: _____ Certificate Printed: _____
Units Required: _____ Units Completed: _____ Posted to Transcript: _____