DE ANZA COLLEGE APPLICATION FOR CERTIFICATE Final Action - Evaluation Office Only CWID: _____ Award Quarter: Fall Summer 20 ____ Winter Spring Phone: _____ Email: ____ Units Completed **GPA** PRINT NAME EXACTLY AS IT SHOULD APPEAR ON CERTIFICATE De Anza Middle Foothill Name: Transfer Street: TOTAL State: Zip: _____ City: Award Date: _____ Certificate of Achievement _____ Verified By: Certificate of Achievement-Advanced _____ Cert. mailed: _____ English proficiency met. How? Math proficiency met. How? Requirements to be completed: **Instructions & Information** Final Attach a Degree Works audit showing a Requirements Pending Ouarter Grade minimum of 95% completion by the end of the current quarter for the certificate for which you are List other colleges attended only if courses are required for the certificate. applying. Need Submit application with audit to the Admissions and ON FILE Records drop-box located outside the south entrance Official College Yes of the Registration & Student Services Building. **Transcript** Please make sure to retain a copy for your records. Attach photocopies of the front & back of current CPR and 1st Aid certificates if required for Child Development, Health Technologies or Massage Therapy programs. Approved petitions for course substitutions must be on file in A&R prior to submitting your application. Pre 83 De Anza Certificates will be mailed to the address provided Pre 83 Foothill approximately 3 months after the end of the quarter. Applications must be submitted by ----- Student Agreement the first day of the final month of the I agree to notify the Evaluation Office at (408) 864-5300 or diploma@fhda.edu if there are any changes to this application. I understand I must complete courses in progress to meet the requirements for the certificate. It will be my responsibility to **file another application**, if I do not fulfill the requirements pending. I understand if I am eligible for any other Certificates, they will be awarded automatically along with the certificate indicated. If I would not like any further Certificates I am eligible for awarded, I will contact the number above. quarter in which you apply. Please visit www.deanza.edu for exact dates.

Date

Student Signature ______