



**MIRACOSTA COLLEGE
APPLICATION
CERTIFICATE OF PROFICIENCY**

Name _____ Gender: M F
Print name **exactly** as it is to appear on certificate. (First, Middle, Last – use upper and lower case)

Student ID Number _____ SSN _____ - _____ - _____

Telephone Number: _____ E-mail: _____

Address to Mail Certificate: _____

Name of certificate for which you are applying (please use exact title): _____
(Certificate titles can be found in MCC catalog)

Number of units required for this certificate: _____ units

Have you completed all course requirements for this certificate? Yes No

Semester (or anticipated semester) of Completion:

Fall 20 _____ Spring 20 _____ Summer 20 _____

Do you have any Substitution/Waiver forms on file at MiraCosta identifying courses to be used for this certificate?

Yes No *If yes, the Substitution/Waiver form(s) must be attached and turned in with this application*

List any/all courses (from colleges other than MiraCosta) that you plan to apply toward this certificate:

Are transcripts for the above named course(s) on file at MiraCosta College? Yes No

Official transcripts must be on file at MiraCosta College or attached to this application.

***** READ CAREFULLY BEFORE SIGNING *****

Note: If you intend to include a Substitution/Waiver form and/or coursework completed at another institution, these documents must either be on file at MiraCosta College or attached to this application. Certificates can only be awarded after certificate requirements are verified by MiraCosta personnel.

Applications should be returned to Daria Davis in OC4820 on the Oceanside Campus; **OR** they can be mailed to the following address:

MiraCosta College
Attn: Daria Davis
 One Barnard Drive, M/S 21
 Oceanside, CA 92056

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Transcripts Attached Substitution Waivers (s) Attached Certificate Courses Confirmed by (initials): _____