



MIRACOSTA COLLEGE
APPLICATION
CERTIFICATE OF PROFICIENCY

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

Student ID Number: _____ Birth Date: _____

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 [] In Progress []

If No or In Progress, at the end of which semester do you anticipate completing your certificate program? Example: Fall [x] 20 18

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 may be returned to Daria Davis in OC4818 on the Oceanside Campus; emailed to dariadavis@miracosta.edu, 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

[] Certificate Courses Confirmed: _____