

**LONG BEACH CITY COLLEGE  
CERTIFICATE APPLICATION  
Career Certificate and/or Certificate of Completion**

Name: \_\_\_\_\_ SSN/ID#: \_\_\_\_\_  
Last First MI

Other Name(s) Used \_\_\_\_\_ B/D: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M\_\_ F\_\_  
Mo Day Year

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Your Name As You Want It Printed On the Certificate: \_\_\_\_\_

↔ PLEASE CHECK ONE  ↔

[ ] CAREER CERTIFICATE OR [ ] CERTIFICATE OF COMPLETION  
(Fewer than 18 units)

CERTIFICATE TITLE: \_\_\_\_\_

*(Please be specific)*

**NOTE:** Please attach a photocopy of certificate of proficiency, if required { i.e., typing, bus mach., Pilot License, etc. }

Mailing Address: : \_\_\_\_\_  
No. Street City State ZIP

When did you first attend LBCC? Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year: \_\_\_\_

**Other Colleges/Universities Attended (Transcripts must be on file if credits are being used)**

| Name | Dates Attended | Name | Dates Attended |
|------|----------------|------|----------------|
|      |                |      |                |
|      |                |      |                |
|      |                |      |                |

**◆ List Courses That You are Currently Enrolled At Another College/University:**

| Descriptive Title and Course Number | Units | College/University |
|-------------------------------------|-------|--------------------|
|                                     |       |                    |
|                                     |       |                    |

**NOTE: TO QUALIFY FOR THE CERTIFICATE DURING THE SEMESTER OF APPLICATION, ALL REQUIREMENTS, INCLUDING GRADE CHANGES AND/OR INCOMPLETE GRADES MUST BE COMPLETED DURING THE SEMESTER WHEN THE STUDENT APPLIED FOR THE CERTIFICATE.**

*I hereby certify that the above statements are true and correct to the best of my knowledge:*

Date \_\_\_\_\_ Signature \_\_\_\_\_

**{FOR OFFICE USE ONLY}**

Date Received \_\_\_\_\_ Courses in Progress \_\_\_\_\_ Certificate Code \_\_\_\_\_

Date Evaluated \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_ Approved \_\_\_\_\_

Enter Code in History \_\_\_\_\_ Print Certificate \_\_\_\_\_ To Dept. For Sig. \_\_\_\_\_

Ret. From Dept. \_\_\_\_\_ Letter Sent \_\_\_\_\_ Postcard Sent \_\_\_\_\_ Fee Pd. for Mailing \_\_\_\_\_

Cert. Mailed \_\_\_\_\_ Cert. Picked Up \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR OFFICE ONLY**

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|   |   |
|---|---|
| Other College Transcripts _____         | Evaluated by: _____                                 |
| Field of Concentration _____            | Approved: [ ] Denied: [ ] Pending : [ ] Date: _____ |
| Continuous Enrollment _____             | Sem./Yr: FL _____ SP _____ SU _____                 |
| 50% FOC Residency (88/89 & Later) _____ | Summary <u>Units Att</u> <u>Passed</u> <u>GPTS</u>  |
| GPA Required _____                      | LBCC _____  |
| Overall Units & Grade Required _____    | Other College _____                                 |
| Proficiencies Met _____                 | Sub Total _____                                     |
| _____                                   | In Progress _____                                   |
| _____                                   | Total _____   |
| AA/AS Required _____                    | Tentative GPA _____ Final GPA _____                 |

NOTES: \_\_\_\_\_  
\_\_\_\_\_