DeAnza College

Certificate Application

Reset form

1 2 3 4 5

1 Download and open this form with Adobe viewer software to complete and save.

2 For Award Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year 20_____

3

_____

Student ID# First Last

4 **Print exactly how your name should appear on certificate**

_____

First Middle Last

5 **Certificate information (choose one)**

☐ Cert. of Achievement ☐ Cert. of Achievement-Advanced

_____

CHOOSE your major from the drop-down list. If you major does not appear, please see a counselor.

If meeting major requirements from an old catalog year, enter the year here: _____ ex. 2015-16
Please visit the Counseling and Advising Center if you have any questions.

6

Requirements in progress	Term

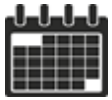
Any additional documents needed for your application?

- Approved course substitution petitions (submit before applying)
- *Child Development, Health Tech.,* and *Massage Therapy* majors: attach a copy of front and back of current First Aid & CPR (write your ID# on copy)
- Official transcript *not yet* evaluated: school _____

Note: this could delay your application

7 **Applying and timeline**

a) Confirm your certificate completion status in DegreeWorks; check with a counselor if you need assistance.
b) Apply during the quarter in which you will complete all of your certificate requirements.
c) Application due dates: Fall – December 1st , Winter – March 1st, Spring – June 1st, Summer – August 1st
d) Submit completed application to *evaluationsda@deanza.edu*, the Admissions and Records office, the Admissions and Records drop box, or your counselor.



e) *Timeline:* the final certificate review, award and issue process begins *after* the quarter ends. The process takes approximately three (3) months to complete; after that time eligible students will be emailed about certificates.

8 **Student Agreement**

I agree to notify the Evaluations Office at evaluationsda@deanza.edu of any changes to this application. I understand I must complete any required in-progress courses. It is my responsibility to **submit another application** if I do not fulfill the requirements pending.

X I agree. _____ Date _____
sign or type your name

SAVE & check major after saving

Evaluations Office Only

	Units	GPA
De Anza		
Transfer		
Foothill		
Total		

With honors: **No** **Yes**

Award date: _____

Verified by: _____

Date verified: _____

9/27/2019