

MUST BE RETURNED TO THE BUSINESS DEPARTMENT IN B220 FOR PROCESSING

PETITION FOR CERTIFICATION

*Minimum of "C" Required in Each Course*  
Santa Monica College

**TYPE YOUR NAME:**

PRINT YOUR NAME EXACTLY AND IN THE ORDER YOU WANT IT TO APPEAR ON YOUR CERTIFICATE

**ADDRESS:**

(to mail certificate) Street Apt. No. City State Zip Code

SMC ID. #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(required)

Final Sem./Yr. at SMC: \_\_\_\_\_ Email: \_\_\_\_\_

Note: Students who do not complete certificate requirements during filing period must re-apply.

If using coursework from other college(s), please indicate name(s) of institution(s):

Note: Please have official transcripts from other schools sent to SMC Business Department

By checking this box you are giving your digital signature Date  
verifying that all of the above information is true and accurate

**FOR OFFICE USE ONLY**

Do Not Write Below this Line

Do Not Write Below this Line

Do not Write Below this Line

Course (units)	*Substitute Course/School	Sem./Year	Grade	Units	Need

\*To be done in consultation with department chair or designated coordinator.

Rec'd: \_\_\_\_\_ A & R Evaluator: \_\_\_\_\_  
Granted: \_\_\_\_\_ Denied: \_\_\_\_\_ Entered: \_\_\_\_\_  
Printed: \_\_\_\_\_ Signed: \_\_\_\_\_ Mailed: \_\_\_\_\_