

FOR CERTIFICATE OF ACCOMPLISHMENT

3000 Campus Hill Drive, Livermore CA 94551 Admissions & Records Office (925) 606-6437 Fmail: lpc-evaluations@laspositascollege.edu

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*Last Name, First Name, Middle Initial (Preferred or Legal Name)			Student ID Number		
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Mailing Address			Telephon	e	
City, State and Zip Code			Email		
*Your name and permanent address will be updated on the College's student information system to reflect the current information provided on this form. Your signature is confirmation that the above information is valid.					
Business Mass Communications					
			munications: Radio Communications (0614)		
Business Workforce Proficiency (0588)	Occur	ational Safety	and Healti	'n	
Computer Information Systems	Occup	Occupation			
Project Management (0784)					
Web Development (0785)					
Emergency Medical Services					
Emergency Medical Responder (1232)					
My Preferred or Legal Name should appear as follows on my diploma/certificate:					
Preferred Legal Name Last Name, First Name, M	iddle Initial				
My Preferred or Legal name should appear in the commencement program:					
Preferred Legal Name Last Name, First Name, Middle Initial					
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PLEASE READ CAREFULLY AND CHECK BEFORE SIGNING BELOW:					
I understand that I will be awarded the Certificate of Accomplishment upon successful completion of required courses with a grade point average					
of 2.00 or higher. Completion of the required program must be completed at least fifty percent (50%) at Las Positas College, including the last three (3) units.					
I have submitted official transcripts from ALL other previously attended regionally accredited post-secondary institutions, Advanced Placement (AP)/International Baccalaureate (IB), and College-Level Examination Program (CLEP), if applicable.					
The Certificate of Accomplishment will not appear on your transcript. It will be printed on an official College stationary by Admissions and Records Office. Honors designations will not be assigned on Certificate of Accomplishment. Students will not be invited to participate in the Commencement Ceremony.					
If my previous major does not match with my requested certificate, I understand and allow LPC Admissions and Records Office to change my major and home campus.					
If I do not complete my requirements in the current academic semester, I must reapply.					
Student signature: By signing above, I certify that my request form is complete and acc	curate to the best of my knowl	edge.	D	ate:	
Submit this form either of the following: Admissions and Records Office, Building 1600, 2nd Floor Mailing address: Admissions and Records Office, Las Positas College, 3000 Campus Hill Drive, Livermore, CA 94551 Email: lpc-evaluations@laspositascollege.edu Fax: (925) 606-6437					
STAFF USE ONLY					
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Evaluator signature:	Date:			Approved Denied	1