

MUST BE RETURNED TO THE THEATRE DEPARTMENT IN TA 117 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: Coursework from other college(s) must have pre-approved equivalency processed through the Counseling Dept.

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

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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: _____