



# Victor Valley College

Return Completed form to  
Admissions & Records

## Application for Certificate

Please review the certificate requirements before completing application.

STUDENT INFORMATION			
Name	Date of Birth	Student ID Number	
Address			
City		Zip Code	
Phone Number	E-mail Address		

PREVIOUS EDUCATION
List colleges attended: <i>(if transcripts are not on file in the Admissions office, they must be submitted ASAP.)</i> _____

Are you currently enrolled at VVC?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you met the 12 unit residency requirement at VVC? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--

CERTIFICATE INFORMATION
Certificate for which you are applying: _____ Catalog Year: _____
Clearly print your name as you want it to appear on the certificate:  _____
Mailing Address (address to which certificate should be mailed): - Must match address on file  _____
Address _____ City _____ State _____ Zip Code _____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

For Office Use			
Date Received: _____	Date Logged: _____	Certificate Printed: _____	
Units Required: _____	Units Completed: _____	Posted to Transcript: _____	