



Petition for Certificate Completion

Office of the Registrar

1409 Walnut Grove Avenue, Rosemead, California 91770

Phone 626-571-8811 | Fax 626-571-1413

INSTRUCTIONS:

To receive a certificate indicating completion of an eligible certificate program, students must submit this form. It is recommended that students submit this form when registering for their final term to verify completion and avoid processing delays. This form does not apply to IEP enrollments. IEP completions are monitored by ELI faculty.

1. Meet with Department Chair for verification of program completion.
2. See Accounting for Student Accounts clearance and to pay required fee (\$50).
3. Submit approved form to Registrar's Office.

Certificates are released upon fulfillment of all program requirements and all outstanding obligations to the university.

Student Name: _____

Student ID # _____ Email _____ Phone _____

Current Address _____

Street Address

City

State

Zip Code

Country

Address after Graduation [if different than current address] PLEASE NOTE: 1409 Walnut Grove Avenue is not a valid permanent address.

Street Address

City

State

Zip Code

Country

PETITION FOR CERTIFICATE COMPLETION

I will complete all certificate requirements in May August December, 20_____ and petition to receive a certificate in the program and area of study indicated below. Note: You may apply for completion only in your enrolled area of study.

Student Signature _____ Date _____

CERTIFICATE PROGRAM

Other Certificate or Declared Concentration, if any _____

CERTIFICATE DELIVERY

- HOLD FOR PICKUP** If certificate is to be released to a third party, note individual's name below. ID required at time of release.
- MAIL** Provide mailing address below or note CURRENT or PERMANENT if you would like it mailed to one of the addresses above.

Name: _____ Phone Number: _____

Mailing Address: Street _____

City, State, Zip Code _____

Country _____

Office Use Only Below This Line

CHAIR'S APPROVAL

I confirm that this student is entering his/her final term of enrollment. Certificate completion is contingent upon successful completion of all scheduled courses. A completion check is attached.

Comments: _____

Approved by _____ Date _____

ACCOUNTING APPROVAL

\$50 Graduation Fee Paid / SA clearance Receipt # _____ Initials _____ Date _____

REGISTRAR'S APPROVAL

Date Form Received _____

Verified on track to complete _____ (term)

Comments: _____

POST TERM REVIEW

Completion requirements fulfilled NO If no, expected date of completion _____
 YES Effective date of Completion _____

Reviewed by _____ Date _____