



CITY COLLEGE OF SAN FRANCISCO CREDIT BY PETITION GUIDELINES

Students who have attended noncredit classes at City College of San Francisco (formerly Community College Centers) and who attained a certificate in a specific noncredit certificate program, may petition for credit and have the units granted applied toward an Associate in Arts or Associate in Science degree. To receive credit for the noncredit units, students are required to complete at least two credit units at City College of San Francisco.

Credit by Petition forms may be obtained from the Office of Admissions and Records, at City College of San Francisco, 50 Phelan Avenue, Room E107, or from any of the CCSF Campuses.

Credit by Petition may be granted for the following eligible programs:

- Apprentice-related Training Program
- Automotive Mechanics
- Automotive Metal Repair
- Bookkeeping
- Clerical Training Program
- Clerk Typist
- COBOL Programming
- Computer Programmer
- Data Processing Operations Training Program
- Emergency Medical Technology – FS
- Emergency Medical Technology I
- Emergency Medical Technology II (Paramedic Training)
- Labor and Industrial Relations
- Licensed Vocational Nursing
- Medical Assisting
- Medical/Dental Clerical
- Microcomputer Applications
- Microcomputer Business Applications
- Supervision and Management
- Welding
- Word Processing

The **Credit by Petition Form** must be completed and signed by the student and verified by the CCSF Campus Administrator. The Campus Administrator must forward the form to the Admissions and Records, Corrections Department. The form is reviewed by the Corrections staff to ensure that all the conditions for credit by petition have been met. The form is forwarded to the Vice Chancellor of Academic Affairs for final approval. The Vice Chancellor of Academic Affairs returns the form to the Corrections Department for processing.



CITY COLLEGE OF SAN FRANCISCO

CREDIT BY PETITION

NAME: _____
Last First Middle

ADDRESS: _____
Street City Zip Code

PHONE: _____ DATE OF BIRTH: _____ S.S. #: _____

PREVIOUS NAME (IF ANY) USED WHEN ENROLLED AT CCSF: _____
(Please Print)

CCSF CAMPUS ATTENDED: _____ CERTIFICATE PROGRAM: _____

LENGTH OF PROGRAM IN HOURS: _____ NUMBER OF COURSES TAKEN: _____ (list on the back of this form)

STUDENT SIGNATURE: _____ DATE: _____

CCSF CAMPUS ADMINISTRATOR VERIFICATION/APPROVAL

BY: _____
CCSF Campus Administrator Number of Units Date

NOTE: Please forward to the Office of Admissions and Records, Corrections Department

CCSF CORRECTIONS DEPARTMENT VERIFICATION

RECENT COURSES COMPLETED:	DATE	UNITS	GRADE
_____	_____	_____	_____
_____	_____	_____	_____

NUMBER OF COURSES IN PROGRESS: _____ UNITS: _____ SCHOOL TERM: _____

VERIFIED BY: _____ DATE: _____
Corrections Department

APPROVED

PROCESSED

UNITS

Vice Chancellor of Academic Affairs, CCSF

Corrections Department

DATE: _____

DATE: _____

