



# NONCREDIT CERTIFICATE OF COMPLETION PETITION FOR NONCREDIT CERTIFICATE

50 Frida Kahlo Way, Multi-Use Building (MUB) Rm. 150, San Francisco, CA 94112  
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## I. To be completed by student

Name of Certificate: \_\_\_\_\_

<b>Student Name</b>			<b>Student I.D.</b>
<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>Address</b>			<b>Birth Date</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone #</b>
<b>Signature</b>		<b>Date</b>	<b>Email</b>

## II. To be completed by student and counselor

In-Progress course work (at CCSF):	
<input type="checkbox"/> Student has In-Progress classes at CCSF that fulfill Certificate Requirements:	
1. _____	Hours: _____
2. _____	Hours: _____
3. _____	Hours: _____
4. _____	Hours: _____

In-Progress course work (at other colleges):	
<input type="checkbox"/> Student has In-Progress classes at other college(s) that fulfill Certificate Requirements:	
1. _____	Hours: _____ College: _____
2. _____	Hours: _____ College: _____
3. _____	Hours: _____ College: _____
<small>Student is responsible for submitting Official Transcripts upon completion to Noncredit Admissions &amp; Records in MUB 188.</small>	

## III. To be completed by counselor

<b>Counselor Name</b> <small>(please print)</small>	<b>Counselor Signature</b>
Attached please find <b>ONE</b> of the following to verify the student has met the requirements for the Certificate:	
<input type="checkbox"/> Unofficial Transcript Print-out <input type="checkbox"/> Degree Audit Print-out (**This Degree Audit feature does not currently exist in Noncredit.***) <input type="checkbox"/> Departmental Program Evaluation Sheet with Areas checked off */units met <small>* include In-Progress course work; Equivalency forms if applicable</small>	

## IV. To be completed by Department Chairperson or Faculty Advisor (if applicable)

*If major course requirements are being met through waivers or substitutions as published in the CCSF Catalog, please complete the area below indicating the required course and the waiver or substitution. A signature is required for each area substituted or waived.*

REQUIRED COURSE	SUBSTITUTED COURSE	SIGNATURE

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## Office Use Only

PRELIMINARY REVIEW OF PETITION
<input type="checkbox"/> Your petition is <b>APPROVED</b> pending satisfactory completion of your current program <input type="checkbox"/> Your petition is <b>DENIED</b> (see attached for details)
By: _____ Date: _____

FINAL REVIEW OF PETITION
<input type="checkbox"/> Your petition is <b>APPROVED</b> and the certificate will be mailed. <input type="checkbox"/> Your petition is <b>DENIED</b> (see attached for details)
By: _____ Date: _____