

**DO NOT COMPLETE THIS FORM IF YOU HAVE NOT SUBMITTED ALL OFFICIAL TRANSCRIPTS TO ADMISSIONS & RECORDS OR ATTACHED THEM TO THIS FORM**



## FOOTHILL COLLEGE PETITION FOR CERTIFICATE OF ACHIEVEMENT

CIRCLE QUARTER: FALL WINTER SPRING SUMMER YEAR: \_\_\_\_\_

PRINT NAME AS IT IS TO APPEAR ON THE DIPLOMA; MUST MATCH ACADEMIC RECORDS

Name: \_\_\_\_\_  
First Middle Last

CWID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, *authorize*  
STUDENT'S SIGNATURE  
*Foothill College to print my photograph, name, degree(s), and any special awards received in any campus initiated publication.*

MAJOR: \_\_\_\_\_

ENGLISH REQUIREMENT (IF APPLICABLE):  
 \_\_\_\_\_  
LIST COURSE

MATH REQUIREMENT (IF APPLICABLE):  
 \_\_\_\_\_  
LIST COURSE

TOTAL UNITS FROM ANOTHER COLLEGE: \_\_\_\_\_  
CAN NOT EXCEED 50% OF TOTAL MAJOR UNIT REQUIREMENT

OUTSTANDING COURSES	ANTICIPATED COMPLETION QTR

**COUNSELORS PLEASE SUBMIT REQUIRED DOCUMENTATION:**

- Provide one petition per degree
- Verify 50% of major units have been completed at Foothill
- Attach curriculum sheet from the student's catalog year

COUNSELOR SIGNATURE: \_\_\_\_\_

COUNSELOR PRINTED NAME \_\_\_\_\_

DATE: \_\_\_\_\_

<b>FOR EVALUATIONS OFFICE USE ONLY</b>		STATUS 1 2 3 4 5
DEGREE SEQUENCE NO. _____	FIRST REVIEW DATE: _____	
<input type="checkbox"/> DEGREE APPROVED	<input type="checkbox"/> DEGREE DENIED	
NOTES: _____		
_____		
VERIFIED BY: _____		DATE _____