



CERTIFICATE PETITION

7351 Tompkins Hill Road
Eureka, CA 95501-9300

Office Use Only A & R Rec'd: _____ Initials: _____ (Checked for Counselor/Advisor sig)

FIRST, we want to know about your CR experience! Complete this quick survey. https://www.surveymonkey.com/s/S2KSDG5			
Campus Location:	Eureka	Del Norte	Klamath-Trinity
1. Name			
<i>Other names used while attending CR</i>			
2. Student ID#			
3. Student Email Address			
4. Permanent or forwarding address for mailing certificate			
5. Telephone Number			
6. Anticipated Completion Date:	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__
7. Certificate (choose one)	<input type="checkbox"/> Achievement	<input type="checkbox"/> Recognition	
8. Title of Certificate:			

10. **Print** your name as you want it to appear on your certificate:

This name will be printed in the commencement program. Approved documentation required if deviates from name on file at CR.

Student Signature	Date
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DEADLINES
Don't forget to turn in your Certificate Petition by these dates:
Fall Semester – Last Thursday in October
Spring Semester – First Thursday in March
Summer Session – Last Thursday in June

* Your certificate will not be mailed to you if you have a balance due to CR. Please contact the Business Office at 707.476.4120 and pay any monies due to ensure you receive your certificate.

Evaluator Use Only		Catalog Year:	
1. Required units complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cumulative 2.0 GPA for Certificate units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of units required:	
Evaluator Signature	Date	(Verification) Initials	Date
Posted:		Sent:	