

## CERTIFICATE OF ACHIEVEMENT PETITION

Return to Admissions & Records Office  
*Incomplete or illegible forms will not be processed*  
 Please visit the Admissions & Records portion of the MPC website for petition deadlines.

### PART A: TO BE COMPLETED BY STUDENT

Print your name as you wish it to appear on your certificate:

\_\_\_\_\_

Last
First
MI

Address for mailing certificate:

\_\_\_\_\_

\_\_\_\_\_

City
State
Zip

Expected month of completion:

Spring     Summer     Fall

MPC Student ID # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Certificate: \_\_\_\_\_

List the courses you have completed for your certificate:

Department and Course Number	Title of Course	Units	Grade Received

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

## REQUIREMENTS AND GENERAL INFORMATION

1. You must complete the major requirements as outlined in the catalog.
2. You must complete each course in the major with a grade of "C" or better. (Some programs require higher performance levels.)
3. You must complete at least 12 units toward the major requirements at MPC to meet unit residency requirements.
4. You must submit all necessary official transcripts and/or scores to the Admissions & Records Office. Foreign transcripts must be evaluated by an official foreign credential evaluation.
5. You will be contacted by Admissions & Records regarding the approval or denial of your graduation petition.
6. Your certificate will be mailed within three months after the end of the semester in which your graduation petition has been approved.

## PART B: TO BE COMPLETED BY DEPARTMENT

**Students must have all waivers and substitutions approved by the appropriate department chairperson. Attach additional documentation if necessary.**

1) Course Dept Name / Number: \_\_\_\_\_

Reason for waiver / substitution: \_\_\_\_\_

2) Course Dept Name / Number: \_\_\_\_\_

Reason for waiver / substitution: \_\_\_\_\_

\_\_\_\_\_  
Department Chairperson Name

\_\_\_\_\_  
Department Chairperson Signature

\_\_\_\_\_  
Date

## PART C: FOR COUNSELOR USE ONLY

Comments: \_\_\_\_\_

*I verify that this student is on track to complete all the requirements for graduation. I have attached a completed major advising sheet.*

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date