CAÑADA COLLEGE

Business, Design, & Workforce Division
Petition for PEEP Certificate of Achievement

I hereby petition to receive from Cañada College the PEEP Certificate of Achievement at the conclusion of the FALL _____ SPRING _____ Semester. (SUMMER by special arrangement only)

NAME TO APPEAR ON CERTIFICATE (print):

_____

(First)   (Middle)   (Last)

YOUR NAME(print)_____

(First)   (Middle)   (Last)

MAILING
ADDRESS_____

(Number)   (Street)   (Apartment)   (City)   (Zip)

COLLEGE ID"G" NO. _____ - _____ - _____   HOME TELEPHONE (_____) _____ - _____

EMAIL _____   CELL PHONE NO. (_____) _____ - _____

Yes   No

☐   ☐   I am applying units completed at another college towards my certificate.
If yes, official transcripts from that college have been sent to Cañada College as transfer units. Name of College/University_____

YOUR SIGNATURE_____ DATE_____

FOR OFFICE USE ONLY

INITIAL REVIEW	FINAL REVIEW
Approved:_____ Pending:_____ Denied:_____	Approved:_____ Denied:_____
Counselor notified:_____	Counselor notified:_____
Student notified:_____	Student notified:_____
Copy of letter(s) attached:_____	Copy of letter(s) attached:_____
Reason for pending or denied status:_____	Reason for pending or denied status:_____

Units	GPA to Date		Units	GPA to Date
_____	_____		_____	_____

Cum Laude	Magna Cum Laude	Summa Cum Laude		Cum Laude	Magna Cum Laude	Summa Cum Laude
_____	_____	_____		_____	_____	_____

☐ Male   ☐ Female

Petition received in Admissions & Records Office:_____   Certificate Mailed:_____

Initial Evaluation: _____ Date: _____
Final Evaluation: _____ Date: _____
Counselor's Signature: _____ Date: _____

[PEEP Program; J. Pounds, 2013-14]   **(OVER)**

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CERTIFICATE REQUIREMENTS

_____ **The prescribed courses and units must be completed as identified in the catalog.**

_____ **Fifty percent (50%) of the required courses must be completed at Cañada College. Equivalent lower division courses completed at other institutions holding district approved accreditation may be submitted on a Request for Substitution petition for consideration to satisfy some certificate requirements.**

_____ **All CORE classes applied to the certificate must receive a grade of C or better.**

_____ **Computer Literacy Requirement: satisfactory completion of a minimum of 1 unit in designated computer related courses (PLEASE NOTE: Required *ONLY* if using an academic catalog *PRIOR* to 2011-2012).**

_____ **Students must be in "good academic standing" to receive a certificate.**

Please indicate which catalog (academic year) you are following:_____

You must complete ALL REQUIRED COURSES FOR THE CERTIFICATE as listed below:

CORE REQUIREMENTS			UNITS	COMPLETED
CBOT	430	Computer Applications, Part I **OR**		
CBOT	431	Computer Applications, Part II	1.5	_____
HMSV	161	Information and Referral: Understanding Community Resources	1.0	_____
HMSV/ECE.	262	Introduction to Family Support: Building Respectful Partnerships	3.0	_____
HMSV/ECE.	264	The Life Cycle of the Family	3.0	_____
HMSV	265	Family Development Portfolio, Part I	1.5	_____
HMSV	266	Family Development Portfolio, Part II	1.5	_____
HMSV	672	Cooperative Education: Internship	1.0	_____
HSCI	100	General Health Science	3.0	_____
HSCI	430	First Aid	0.5	_____
HSCI	432	CPR: Adult, Child, Infant for Healthcare Providers	0.5	_____
Total			16.5	

IP = IN PROGRESS
( ) = TRANSFER FROM
    OTHER COLLEGE
✓ = COMPLETED

* INCOMPLETE PETITIONS WILL NOT BE ACCEPTED!

[PEEP Program; J. Pounds, 2013-14]