

GENERAL EDUCATION (CSU or IGETC) CERTIFICATION REQUEST

Student ID Num	ber: W			<u> </u>	
Name			First	10.10	
				Middle	
			•		
City				Zip Code	
Phone			Email		
Select only one:					
Please send a CSU (GE Certificatio	n to this CSU Camp	us:		
or					
Please send an IGE	TC Certificat	ion to: this CSU Car	mpus:		
		this UC Cam	pus:		
Transfer students to using high school of				glish) requirement. If you are	
PROCESS:	NOW	AFTER	SEMESTER	R 20	
	READ	CAREFULLY BEFO	ORE COMPLETING TI	HIS FORM:	
(1) Request that C after you have			nt to the one university	you have committed yourself to atte	end
(2) Certifications a	re mailed direct	tly to the university.		an atudant	
			only one certification p n, graduation, grading p	per student. periods, "in progress" classes,	
staffing, missi etc.	ng documents	(including official tran	scripts from other colle	eges and official AP grade reports),	
	mmended that	you see a counselor	for a preliminary reviev	w before submitting this request.	
Please allow 2-4 w	eeks for a resp	onse.			
By signing below information provi		my application is c	omplete and accurat	e. I am responsible for knowing t	the
STUDENT SIGNA	TURE			DATE	

Submit this form to:

Mail to: Las Positas College, Office of Admissions & Records, 3000 Campus Hill Drive, Livermore, CA 94551

Fax to: 925.606.6437.