

2600 Mission Bell Dr., San Pablo, CA. 94806 510.235.7800 • fax 510.412.0769



IGETC/CSUGE CERTIFICATION REQUEST

(Certifications must be accompanied by an Official Transcript. IGETC/CSUGE certification requests will be processed in 10 business days).

Name		St	udent ID	
mail	Phone #	Bi	Birthdate	
Are you currently enrolled in IGETC/CSUGE courses In Progress requests are sent within 4 b Will course work from another college be used? Please ensure transcripts are on file. For IGETC certification to a UC, was your foreign lan	ousiness weeks after end of term. Yes No	h term? □Spring □Surschool?	mmer □Fall	
Please ensure transcripts are on file. Are you applying AP Test scores? Please ensure official scores are submi	☐Yes ☐No ☐Yes ☐No itted.		Select One: ☐ IGETC	
re you requesting partial certification? (See note be If yes , do you give authorization for the release. If yes , please sign	elow.) 🗆 Yes 🗆 No	□No ———	□ CSUGE	
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	OFFIC	E USE ONLY		
Received by:	Date: Paid:		Date:	-