



IGETC/CSUGE CERTIFICATION REQUEST

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

Name _____ Student ID _____

Email _____ Phone # _____ Birthdate _____

Are you currently enrolled in IGETC/CSUGE courses? Yes No – If so, which term? Spring Summer Fall

In Progress requests are sent within 4 business weeks after end of term.

Will course work from another college be used? Yes No

Please ensure transcripts are on file.

For IGETC certification to a UC, was your foreign language requirement completed in high school?

Please ensure transcripts are on file. Yes No

Are you applying AP Test scores? Yes No

Please ensure official scores are submitted.

Are you requesting partial certification? (See note below.) Yes No

If **yes**, do you give authorization for the release of a partial certification? Yes No

If **yes**, please sign _____

Select One:

IGETC

CSUGE

Home Address _____ University Address _____

NOTE: IGETC & Partial IGETC certifications should be submitted to A&R upon the request of your transfer institution. Consult with a counselor to determine limitations of a partial IGETC to your transfer institution. **CCC will not re-certify a partial certification.** It is the responsibility of the transfer institution to complete the partial certification no later than one year after transfer. If you transfer in fall the missing requirements must be completed by summer or you may be subject to additional requirements.

TRANSCRIPT REQUEST FORM

I am verifying that my transfer institution has the most updated transcripts with final grades. I authorize the certification to be sent to my transfer institution without official Contra Costa College transcripts.

_____ Student Initials

Other Names Used at District _____

Number of Copies: 1

Student Address _____

Mail to: University address above

City, St. Zip _____

Dates Attended: From: _____ To: _____

\$5 fee from 1st two transcripts ever ordered is waived

7-10 business days, **Regular Mail** request. \$5 fee

Signature _____

Date _____

**VIEW YOUR TRANSCRIPT STATUS IN WEBADVISOR UNDER ACADEMIC SERVICES.
REQUESTS WILL NOT BE PROCESSED IF THERE ARE ANY OUTSTANDING DEBTS OR HOLDS.**

OFFICE USE ONLY

Received by: _____ Date: _____ Paid: _____ Processed by: _____ Date: _____