

Petition for Certificate of Specialization

A Certificate of Specialization is a departmental award in an area of specialization requiring less than 18 semester units. This issuance of the departmental award is not recorded on the student's official transcript. Petitions are due in the fall/spring/summer term you will complete the requirements, and may be submitted before your last term or up until the final day of the term.

Term when the Certificate of S	pecialization will b	e completed (se	elect one – wi	inter is	not an awardin	g term):		
	Fall	Spring	Sum	mer	Year:			
Print name exactly as you wo	uld like it to appea	r on your certif	icate (40 cha	racters	s maximum):			
First Name:	Mic	Middle:		Last Name:				
Student ID#:	Date	e of Birth:	/ /		Phone:			
Student E-mail:	@	my.canyons.ed	u (COC email	is the	only email used	to communi	cate with	n students)
CERTIFICATE(S) OF SP	ECIALIZATIO	N						
If earning multiple certificates, list each					TO BE COMPLETED BY A COUNSELOR			
Certificate of Specialization			Code (80	Code (8000s) Ca		Major Cou	rse Sub	Submitted
						N/A	Yes*	Need*
						N/A	Yes*	Need*
						N/A	Yes*	Need*
						N/A	Yes*	Need*
List courses you are currently of Course	enrolled in and/or o				ded/Planned	College		
IMPORTANT NOTE: If you are courses are needed for your car Counselor to have them eva	ertificate, submit o	official transcrip	ot(s) as soon	as grad	-		_	
Student Signature:		Date:						
Counselor (Print Name):		Counselor Signature: Date:						
NOTES:								

White: Admissions Yellow: Student Revised 1/2021