



**PASADENA CITY COLLEGE NONCREDIT DIVISION
PETITION
CERTIFICATE OF COMPETENCY**

PLEASE PRINT CLEARLY (Print name EXACTLY as you want it printed on your certificate)

Student ID#: _____

Name: _____
 First Middle Last

Birthdate: _____ **Phone:** _____

PCC Student Email: _____@go.pasadena.edu

Program Completion Year	
Fall	_____
Winter	_____
Spring	_____
Summer	_____

Certificate of Competency Requirements:

1. Complete certificate requirements for a program approved as a Certificate of Competency.
 2. A "P" pass grade is required for each course for the certificate.
 3. Petition must be filed by semester deadline (Petitions **received after deadline** will be processed for the following semester).
- **Complete this form ONLY if your program is listed below****

Courses	Completed	In Progress
Provide all information for each course you completed toward your certificate or indicate current status. For program and course detail refer to Course Catalog .		
Credit By Examination	Date	

CERTIFICATES OF COMPETENCY	
✓ Check Boxes of Certificates You Completed	
<input type="checkbox"/> Adult Basic Education (ABE) <input type="checkbox"/> Advanced Oral Communication Skills <input type="checkbox"/> Advanced Written Communication Skills <input type="checkbox"/> ESL Family Literacy <input type="checkbox"/> ESL Literacy <input type="checkbox"/> ESL Level 1 <input type="checkbox"/> ESL Level 2 <input type="checkbox"/> ESL Level 3 <input type="checkbox"/> ESL Level 4 <input type="checkbox"/> ESL Level 5 <input type="checkbox"/> General Education Development <input type="checkbox"/> General Education Development (Bilingual) <input type="checkbox"/> Intermediate Oral Communication Skills <input type="checkbox"/> Intermediate Written Communication Skills <input type="checkbox"/> VESL: Child Care Provider <input type="checkbox"/> VESL: Healthcare <input type="checkbox"/> VESL: Workplace Readiness	

Address to which certificate should be mailed:	
Enter your mailing address completely and correctly.	
_____	_____
Number and Street	Apt./Unit Number
_____	_____
City, State	Zip Code

By signing your name you are verifying that all of the above information is true and accurate.

Student Signature: _____ **Date:** _____

Final Review (Office Use Only)	Do not write below this line
YES , your petition has been approved. NO , your petition is not approved. Please submit a new petition at the beginning of the term when requirements are met. Reason: _____ Initials : _____ (Admissions & Records) Date: _____ Certificate mailed: _____	