



# Petition for Certificate of Proficiency

Use this form to petition for a Certificate of Proficiency from Eastern Arizona College. If you have questions, please call EAC's Counseling Office at (928) 428-8253, or (800) 678-3808, Ext. 8253. Please print legibly.

**EAC Campus/Extension where you are currently enrolled:**  Thatcher  Graham Extension  Gila County  Greenlee Extension

**Name:** (As you wish it to appear on certificate)  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Mailing Address:** (Where you would like the certificate mailed)  
P.O. Box or Street, Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address:** (Email address to contact for job placement)  
\_\_\_\_\_

<b>Student ID Number:</b> _____	<b>Date of Birth:</b> _____	<b>Local Telephone Number:</b> _____	<b>Year of EAC Catalog to be used:</b> _____
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**Have you taken courses at another college or university which will apply to your certificate?** Yes  No   
**If yes, please give name of college or university:** \_\_\_\_\_

**The requirements for the certificate were met**  Fall  Spring  Summer I  Summer II **semester of** \_\_\_\_\_ .  
(academic year)

Certificate of Proficiency Title \_\_\_\_\_ Certificate Program # \_\_\_\_\_

As required, I have attached a CARS Certificate Completion Report which I obtained from the Records and Registration Department or the Counseling Department.

\_\_\_\_\_  
Student Signature Date

*Note: Submit the CARS Certificate Completion Report and this form to your Adviser or the Counseling Office. A notation is added to your transcript by EAC's Records and Registration Office upon completion of all certificate requirements. There is no fee to request a certificate.*

**For Adviser/Counselor Use:**  
**Your academic records have been reviewed and indicate that:**

- You are eligible for the above listed certificate. Please allow 4 – 6 weeks for processing.
- You have not demonstrated writing and/or math competency on an EAC approved writing and/or math test. Please make arrangements with the Evaluation Unit, (928) 428-8491, to take the test.
- You are not eligible this semester because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Adviser/Counselor Date

*If the student is eligible for the above listed certificate, please submit this form along with a completed Certificate Request Form to Occupational Dean's Office. Otherwise, return to the student.*