



Visalia Campus, (A&R Room 107)
915 S. Mooney Blvd. Visalia, CA 93277
PH: (559) 730-3727 FAX: (559) 737-4883

Tulare College Center, (Building A)
4999 E. Bardsley Ave. Tulare, CA 93274
PH: (559) 688-3000 FAX: (559) 687-6294

Hanford Educational Center, (The Hub)
925 13th Ave. Hanford, CA 93230
PH: (559) 583-2500 FAX: (559) 584-1853

Application for Certificate of Achievement or Skill Certificate

Please Note: THIS IS NOT AN ASSOCIATE'S DEGREE APPLICATION. To apply for degree, please make an appointment with a counselor.

FOLLOW THESE STEPS:

- 1. Eligibility** - Review your DegreeWorks audit or our catalog to ensure you have completed the course requirements in your program of study. Note: You can apply for the certificate in the semester for which you are completing the courses (within the last 6 weeks of the semester to ensure you have a passing grade). If you are unsure, work with a faculty member in your program or a counselor to help you determine your eligibility.
- 2. Update your mailing address in Banner Web** to ensure your certificate is mailed to the correct address.
- 3. Complete & sign this application.** Email to evaluations@cos.edu or click on the following link to submit using the [Secure Student Upload Submission](#).
- 4. Important Note:** There is no cost for the first certificate. Additional copies may be requested for \$5.00 per duplicate copy. Your certificate will also be recorded on your official College of the Sequoias transcript.

Applicant Information

Name: _____ Banner ID: _____

Preferred Contact Number: _____ Date of Birth: _____
(Area Code + Number)

Certificate Requested

Semester/Year of Completion: _____

Certificate of Achievement Name: _____

- Required Units (16 units or more): _____

Skill Certificate Name: _____

- Required Units (15 units or less): _____

I agree to submit this application using my COS student email address. I understand the awarding of my certificate is contingent on the evaluations department's verification of eligibility.

Student Signature: _____ Date: _____

CAMPUS USE ONLY

Date Received: _____ Location Received: _____ Initials: _____

Is this Chancellor Office Approved? ☐ Yes ☐ No

Evaluations Received Date: _____ Date Processed: _____ Student Contacted: _____

Notes: _____