



West Los Angeles College

Certificate Petition

(One petition per request)

| | | | |
|---|---------------|---|-------------|
| First Name | Middle Name | Last Name | Student ID |
| Date of Birth | Telephone No. | | LACCD Email |
| Address | | | |
| City | State | Zip | |
| Name of Certificate: | | Type of Certificate (Certificate of Achievement or Non-Credit Certificate): | |
| List external Transcripts sent to West: | | | |
| Student's Signature: | | | Date: |
| Counselor's Signature: | | | Date: |

For Office Use Only

Additional Documents: ___Substitutions

**Please Attach Additional Documents Listed*

Comments: