



Application for Certificate of Competency/ Completion

Submit completed form by email to mjcevaluations@mjc.edu, mail, or in-person to the Enrollment Services Office.

Requirements to complete this form & successfully receive your certificate:

- Complete ONE form for EACH certificate. Please type or print clearly.
- You must apply in the term in which you expect to complete your certificate requirements.
- We recommend that you meet with a counselor before applying to ensure you have met all the requirements.
- All correspondence from the Evaluations Office will be sent to your College Student Email ONLY.

Student Information (Please list your legal name):

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: w _____ Birthdate: _____ Phone Number: _____

Please check which certificate you are applying for

Certificate of Competency:

- | | |
|--|--|
| <input type="checkbox"/> ELIC: Academic Language Skills | <input type="checkbox"/> ELIC: Academic Reading & Writing Skills for Success |
| <input type="checkbox"/> English for Life and Work: Elementary | <input type="checkbox"/> English for Life and Work: Proficient |
| <input type="checkbox"/> English for Citizenship | <input type="checkbox"/> Proficiency in Arithmetic |
| <input type="checkbox"/> Proficiency in Pre-Algebra | <input type="checkbox"/> Proficiency in Elementary Algebra |
| <input type="checkbox"/> Proficiency in Intermediate Algebra | <input type="checkbox"/> Learning Strategies: Academic Skills |

Certificate of Completion:

- 21st Century Employability Skills
- Research Skills

Requirements were/will be completed: Fall Spring Summer _____

I acknowledge the official name on record will be used as the name on the certificate.

Student Signature: _____ Date: _____

OFFICE USE ONLY	
Comments: _____	<input type="checkbox"/> Pending _____
_____	<input type="checkbox"/> Complete _____
_____	<input type="checkbox"/> Ineligible _____
_____	<input type="checkbox"/> SGRD _____
_____	<input type="checkbox"/> Email _____

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