# PETITION FOR SKILL AWARD

*Student has completed a GCC approved program*
*Of 18 or less units with a C grade or better.  The*
*Award will not appear on a college transcript.*

Date: _____

ID Number _____    Soc. Sec. Number _____Date of Birth:_____

Telephone Number: _____E-mail Address:_____

Name: _____
           Last                                               First                                          MI

Address:  _____
           No.                            Street                              Apt. No.

           _____
           City                            State                             Zip Code

Skill Award Title: _____

I have taken the following courses at **Glendate CommunityCollege** listed in the _____Catalog

Name on Skill Award: _____
                  First                         Middle                            Last

*I HEREBY CONSENT TO THE RELEASE OF DIRECTORY INFORMATION IN CONNECTION WITH MY SKILL*
*AWARD.  I UNDERSTAND THIS IS FOR PUBLICITY PURPOSES ONLY.*

**Student's Signatutre:** _____  *Date* _____

| | | | |
|---|---|---|---|
| ***For Office Use Only*** | | | |
| REQUIRED COURSES ONLY | | | |
| Course | Met | To Meet | Grade |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL UNITS    _____

C Average is required courses: _____
Units of required courses in residence:_____
Program Approved by: _____
Date: _____
Checked by: _____
Skill Award Mailed: _____

Division Chair Approval _____    Date _____