

General Education Certification Request Form

San Joaquin Delta College
Evaluations Office - DSSB
5151 Pacific Avenue
Stockton CA 95207

Email:
evaluations-followup@deltacollege.edu

Fax: (209) 954-3769

Please read all of the following carefully:

This is NOT a transcript request.

Submit this form AFTER you have been accepted at the school to which you want the certification sent.

If you did any of the needed coursework at another college...the official transcript from that college must be on file in the Evaluations office OR be submitted with this form. If the other college was private or located out-of-state, or if the course names and numbers have changed since you took the course(s), then you must provide the course descriptions for the needed courses.

If you are going to a UC and you met the foreign language requirement with two years of a foreign language in high school...you **MUST** provide a copy of the high school transcript with this form - regardless of any previous submissions.

GE Certifications can be sent as either partial or complete. Students are advised to check with the institution to see how a partial certification may effect their transfer.

The Evaluations Office will mail the certification directly to the institution specified. A "Student Copy" will be emailed to the student if an email address is provided.

GE Certifications are usually worked within 1-2 weeks of the date the request was received. Requests are NOT held until a grade is posted. If you need a particular grade for certification, wait until the grade is posted to submit the request.

Due to the Family Rights & Privacy Act, we cannot disclose student information over the phone. Inquiries must be made in person with a picture ID.

Please complete page two and return to the Evaluations Office in person, by email, mail, or fax.

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Last Name _____	Today's Date _____
First Name _____	Last four digits of SSN _____
Middle Name _____	Student ID 98- _____
Other last names(s) _____	Birthdate _____
Mailing Address _____	Phone _____
City _____ St _____ Zip _____	Alt. Phone _____
Delta's Email _____ @students.deltacollege.edu	
Other Email _____	

Which GE pattern are you requesting certification for?
 CSU IGETC (CSU version) IGETC (UC version) ***Check only one!***

College/university to send the certification to:	Any particular person or office at that college/university?
College: _____	_____
Mailing Address: _____	_____
_____	_____
City _____ St _____ Zip _____	_____

Other college(s):
 List each college that you have attended (besides Delta College) that is needed for this GE certification:

_____	_____
_____	_____
_____	_____

Other credit:
 Check the appropriate box for any other credit that you have on file at Delta College:

Exams: Advanced Placement, International Baccalaureate, College-Level Exam Program
 Pre-1983 units at Delta College