Application for Award CERTIFICATE OF ACHIEVEMENT IN ACCOUNTING

Los Angeles Harbor College

Major Code: 050200

Instructions to student:

1. Please complete this form.

2. Attach copies of your transcripts which include classes required for this certificate.

3. Return your completed application to Admissions & Records (SSA 218) 310-233-4020.

4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	Units	Grade	Semester Completed	Year Completed
	Component I (choose <u>16</u> units minimum)				
ACCTG 1	Introductory Accounting I	5			
ACCTG 2	Introductory Accounting II	5			
ACCTG 3	Intermediate Accounting	3			
ACCTG 11	Cost Accounting	3			
ACCTG 15	Tax Accounting I	3			
ACCTG 16	Tax Accounting II	3			
	Component II (choose <u>15</u> units minimum)				
BUS 1	Introduction to Business	3			
BUS 5	Business Law I	3			
BUS 6	Business Law II	3			
BUS 31	Business English	3			
BUS 32	Business Communications	3			
BUS 38	Business Computation	3			
BUS 60	Keyboarding Fundamentals	1			
CO INFO 1	Principles of Business Computer Systems I	3			
CO INFO 16	Spreadsheet Applications – Excel	3			
CO INFO 24	Accounting on Microcomputers	2			
FINANCE 2	Investments	3			
FINANCE 8	Personal Finance and Investments	3			
MGMT 2	Organization and Management Theory	3			
REAL ES 16	Income Tax Aspects of Real Estate	3			
	Total Ur	nits 31			

Student Name:		FOR OFFICE USE ONLY Do not write in this box
Student ID Number:		
Address:		
· · · · · · · · · · · · · · · · · · ·		Pending
City:	_State:Zip:	Notes:
Email:		
Phone:		Reviewed by:
By signing below I certify that all informa of my knowledge.	tion is true and correct to the best	on date:
or my momoupo.		Student notified by email on date:
Signature:	Date:	



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ACCTG 16	Tax Accounting II	3			
CO INFO 24	Accounting on Microcomputers	2			
REAL ES 16	Income Tax Aspects of Real Estate	3			
	Total Units	16			

Student Name:	FOR OFFICE USE ONLY Do not write in this box
Student ID Number:	Granted
Address:	Denied Pending
City: Zip:	Notes:
Email:	
Phone:	Reviewed by:
By signing below I certify that all information is true and correct to the best of my knowledge.	on date:
or my knowledge.	Student notified by email on date:
Signature:Date:	



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ACCTG 3	Intermediate Accounting	3			
ACCTG 11	Cost Accounting	3			
or ACCTG 15	Tax Accounting I	3			
	Total Units	16			

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Student ID Number:	
Address:	
City: State: Zip:	Notes:
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Phone:	Reviewed by:
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ACCTG 11	Cost Accounting	3			
or ACCTG 15	Tax Accounting I	3			
	Total Units	16			

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City: State: Zip:	Notes:
Email:	
Phone:	Reviewed by:
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