

# Application for Award SKILLS CERTIFICATE IN COMMUNICATION

Academic Plan: H051403J



## 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, or use your district email account (ends in @student.laccd.edu) to email completed forms to [arhelp@lahc.edu](mailto:arhelp@lahc.edu).
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
CAOT 002	Computer Keyboarding II	3			
CAOT 034	Business Terminology	2			
CAOT 079	Word Processing Applications	3			
CAOT 086	Microcomputer Office Applications: Database	3			
CAOT 088	Microcomputer Office Applications: Desktop Publishing	3			
CAOT 110	Microcomputer Office Applications: Presentation Design	3			
	<b>Total Units</b>	<b>17</b>			

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

By signing below I certify that all information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Do not write in this box

☐ Granted

☐ Denied

☐ Pending

Notes: \_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_

on date: \_\_\_\_\_

Student notified by email on date: \_\_\_\_\_