

Application for Award SKILLS CERTIFICATE IN FITNESS TRAINING

Academic Plan: H083550J



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.
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
COMM 101	Public Speaking	3			
or COMM 121	Interpersonal Communication	3			
FAM &CS 021	Nutrition	3			
or HEALTH 006	Nutrition for Healthful Living and Fitness Activities	3			
HEALTH 012	Safety Education and First Aid	3			
KIN MAJ 119	Kinesiology - Physical Efficiency	2			
KIN 010	Kinesiology - Physical Fitness	1			
KIN 250-1	Weight Training Skills I	1			
or KIN 250-2	Weight Training Skills II	1			
	Total Units	13			

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:
