



Submit this form to:
 Chabot College
 Office of Admissions and Records
 25555 Hesperian Boulevard
 Hayward, California 94545
www.chabotcollege.edu/admissions
 Fax: (510) 723-7510

GENERAL EDUCATION CERTIFICATION REQUEST (CSU GE BREADTH OR IGETC)

STUDENT INFORMATION

STUDENT NAME (LAST, FIRST, MIDDLE)		STUDENT ID NUMBER	
STREET ADDRESS		PHONE NUMBER	
CITY, STATE, ZIP CODE		E-MAIL ADDRESS	
Check One: <input type="checkbox"/> CSU GE Breath <input type="checkbox"/> IGETC UC/CSU	Send To:	Check One: <input type="checkbox"/> Full Certification <input type="checkbox"/> Partial Certification (IGETC Only)	Process: <input type="checkbox"/> Send Now <input type="checkbox"/> After grades posted for _____ Semester/Year

READ CAREFULLY BEFORE SUBMITTING THIS FORM

1. Only one general education (full or partial certification) will be sent to the school that you designate.
2. Certifications are sent directly to the university. A copy is sent to the student.
3. There is no charge for this request.
4. Please see a counselor for preliminary review of your student record before submitting this request.
5. Partial certification is defined as completing all but two (2) courses on the IGETC pattern.
6. It is the student's responsibility to submit all official transcripts from colleges attended with coursework being applied to GE certification.
7. **For UC Only:** If you are using high school coursework to fulfill the Language Other Than English, please submit an official transcript directly to Chabot College, Admissions & Records, 25555 Hesperian Blvd., Hayward, CA 94545.
8. **AP Exam:** If you are using an AP Exam to fulfill any areas of CSU GE Breadth or IGETC, please submit your official test scores directly to Chabot College, Admissions & Records, 25555 Hesperian Blvd., Hayward, CA 94545.
9. **If you complete all areas of CSU GE Breadth or IGETC, you will be awarded a Certificate of Achievement in CSU Breadth or IGETC. This award will also reflect on your official Chabot College transcripts.** Please indicate your name below to appear on your certificate.

First Name
Middle Name
Last Name

By signing below, I certify that the information submitted is accurate and I understand the information provided above.

Student Signature _____ Date ___ / ___ / ___

OFFICE USE ONLY

<input type="checkbox"/> Processed By: _____ Notes:	<input type="checkbox"/> Copy mailed to student: ___ / ___ / ___ <input type="checkbox"/> Full Certification sent: ___ / ___ / ___ <input type="checkbox"/> Partial Certification sent: ___ / ___ / ___
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