

NAME:				RECEIVED BY:
First	MI	Last		
ADDRESS:	pot		(Apt #)	STUDENT ID#:
	set		(Apt #)	
City,		State	Zip	PHONE #: Include Area Code
EMAIL ADDRESS:				
 TO STUDENT: I understand that this puniversities. I have submitted support 			uarantee compai	rable action by other colleges or
		Student's Signature		Date
Please check the applicable box and complete the required information. The added credits will not affect your GPA within the State Center Community College District (SCCCD). These credits are not issued by SCCCD, and will not appear on your SCCCD official or unofficial transcripts.				
College-Level Examinat	ion Program (CLE	P) for:		
Score Report attached				
Advanced Placement Program (AP) for:				
Score Report attached Note: AP Credit MAY be allowed for Political Science at SCCCD				
Military Service Credit (Check branch of Service): Note: DD214 must accompany petition				
Air Force Army Coast Guard Marine Corps Navy				
		-		
I hereby certify, under	penalty of perjury,	that I am not receiv	ing veteran's be	Student's Initials
	**** FO	R OFFICE USE C	NLY ****	
Approved			Denied	
FCC COURSE CREDIT GIVE	N: <u>UNITS</u> :			
		2. Si	upporting docu	completed 12 units with 2.0 GPA imentation incomplete sly earned credit in course(s)
		_		
REMARKS:				
Copy or Email to Student:		Processed by:		Date Processed:

common/records/forms/Petition for College Credit 07-26-15.doc