

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
last first middle initial

A minimum grade of C- or higher is required in Areas A1, A2, A3 and B4

Units Completed

AREA A - ENGLISH LANGUAGE COMMUNICATION & CRITICAL THINKING (min 9 sem/12 qtr units; one course from each A1, A2, and A3)		
A1	<b>Oral Communication</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ (no AP/IB/CLEP apply to Area A1)	
A2	<b>Written Communication</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
A3	<b>Critical Thinking</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ (no AP/IB/CLEP apply to Area A3)	
AREA B – SCIENTIFIC INQUIRY & QUANTITATIVE REASONING (min 9 sem/12 qtr units; one from each B1, B2, B4, and lab activity)		
B1	<b>Physical Science</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
B2	<b>Life Science</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
B3	<b>Lab Activity</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
B4	<b>Mathematics/Quantitative Reasoning</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
AREA C - ARTS & HUMANITIES (min 9 sem/12 qtr units; at least one from each C1 and C2)		
C1	<b>Arts</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
C2	<b>Humanities</b> Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
C1 or C2	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
AREA D - SOCIAL SCIENCES (min 9 sem/12 qtr units; with courses from at least two disciplines)		
D	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
D	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
D	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
AREA E – LIFELONG LEARNING & SELF DEVELOPMENT (min 3 sem/4 qtr units)		
E	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
CSU Graduation Requirement in U.S. History, Constitution & American Ideals (Not required for certification; two courses/6 sem units)		
	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
Check One: <input type="checkbox"/> Full Certification <input type="checkbox"/> Partial Certification		

Counselor (print): \_\_\_\_\_ Counseling Chair (signature): \_\_\_\_\_ Date: \_\_\_\_\_

AO: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**This form must be typed, stamped, and signed by appropriate counseling faculty to be official.**