

California Intersegmental Articulation Council

REGION 4

GENERAL EDUCATION RECIPROCITY PROGRAM CERTIFICATION



Evergreen Valley College



FOOTHILL
COLLEGE



Gavilan College



LAS POSITAS
COLLEGE



MISSION
COLLEGE



OHLONE
COLLEGE



CITY COLLEGE
SAN JOSE



WEST VALLEY
COLLEGE

Student Name : _____

Student ID # : _____

Student Address: _____

Phone Number: _____

E-Mail Address: _____

Pick-up

Mail to above address

Student's Signature: _____

I certify that the above student has completed all General Education and Proficiency* requirements at

(Certifying College Name)

GE for Associate of Arts* _____
(Academic Year of Completion)

GE for Associate of Science* _____
(Academic Year of Completion)

Comments: _____

**Please attach a copy of your General Education pattern in effect during the certifying year.*

Certified by:

Printed Name _____ Date _____

Title _____ Phone _____

Signature _____

