ORANGE COAST COLLEGE

MATH AND SCIENCES DIVISION

APPLICATION FOR CERTIFICATE OF SPECIALIZATION

Today's Date _____

Legal Name _____

Student Name *(as you wish it to appear on certificate)*_____

Address _____

City _____ Zip _____

Home Phone _____ Work/Cell _____

Email _____

Student ID# _____

Check Which Certificate(s) You Have Completed

Horticulture:

❑ Advanced Landscape Design and Landscape Specialist
❑ Landscape Site Design Elements
❑ The Professional Practice of a Landscape Design & Construction Business

Date of Completion ❑ Fall ❑ Spring ❑ Summer **Year** _____

Check one:

- ❑ All units for this certificate were completed at OCC.
- ❑ Some courses for this certificate were taken at another college (**copies of transcript(s) attached**).

Check one:

- ❑ Mail to address above.
- ❑ Hold for pick-up (please call when ready). *I understand that if I don't pickup the certificate within two weeks of being notified, the certificate will be mailed to me.*

Certificate Replacement Cost - $10.00

_____ _____
Student Signature Date

FOR OFFICE USE ONLY

Transcript Printed _____ Certified Hours _____ Out for Signatures _____

In Database _____ Internal Tracking # _____ Certificate Completed _____

Student Notified by ❑ Mail ❑ Email on _____ Certificate ❑ Mailed ❑ On Hold _____

Notes: _____

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