

REGION 4 GENERAL EDUCATION RECIPROCITY PROGRAM CERTIFICATION



Evergreen Valley College



FOOTHILL
COLLEGE



Gavilan College



LAS POSITAS
COLLEGE



Student Name: _____
Student ID # or Social Security Number: _____
Student Address: _____ _____
Phone Number: Home: _____ Other: _____

I certify that the above student has completed all General Education and Proficiency requirements for _____

(College Name)

for the following degree:

Associate of Arts _____
(Major / Date)

Associate of Science _____
(Major / Date)

Certified by:

 Printed Name Date: _____

 Title Phone #: _____

 Signature

Please attach a copy of your General Education pattern when sending this form to receiving school.

