

APPLICATION FOR CERTIFICATE OF SPECIALIZATION

ORANGE COAST COLLEGE

TECHNOLOGY DIVISION

Application Guidelines:

- You must receive a grade of "C" or better in the required courses
- Return this completed application to the Technology Division Office (Tech 102).
- Only submit application AFTER the courses have been completed.
Must submit unofficial transcript located in MYOCC.
- Your certificate will be mailed to you. Please allow 2-3 weeks for processing.

Please check the appropriate box:

| Architectural Technology | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> | Environmental Resource Management |
| <input type="checkbox"/> | Frame CAD Steel Design |
| <input type="checkbox"/> | Frame CAD Steel Production |
| Aviation Maintenance Technology | |
| <input type="checkbox"/> | Helicopter Theory & Maintenance |
| <input type="checkbox"/> | Helicopter Theory & Maintenance |
| Aviation Science | |
| <input type="checkbox"/> | Airline Transport Pilot |
| <input type="checkbox"/> | Commercial Pilot |
| <input type="checkbox"/> | Instrument Pilot |
| <input type="checkbox"/> | Private Pilot |

| Construction Technology | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Fine Woodworking |
| Welding Technology | |
| <input type="checkbox"/> | Advanced Welding (SMAW) |
| <input type="checkbox"/> | Advanced I Welding (SMAW) |
| <input type="checkbox"/> | Advanced II Welding (FCAW) |
| <input type="checkbox"/> | Basic Welding (SMAW) |
| <input type="checkbox"/> | Gas Metal Arc Welding (FCAW) |
| <input type="checkbox"/> | Intermediate Welding (SMAW) |
| <input type="checkbox"/> | Orbital Welding |
| <input type="checkbox"/> | Pipe |

➡ PLEASE PRINT CLEARLY.

➡ PLEASE PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON CERTIFICATE.

| | | | | |
|----------------------|----------------|---------------|-------------|-------------------------|
| Student ID #: | | | | |
| Name: | | | | |
| | <i>First</i> | <i>Middle</i> | <i>Last</i> | |
| Address: | | | | |
| | <i>Address</i> | <i>Apt #</i> | <i>City</i> | <i>State</i> <i>Zip</i> |
| Phone: | | | | |

SIGNATURE

DATE

For Office Use Only:

Approved:

Y or N

DATABASE ENTRD Date

Printed Date:

Mailed Date: