

West Valley College Petition for Graduation

PLEASE PRINT CLEARLY

Name: _____

SSN# or College ID _____

Previous Name(s): _____

Phone: (Home) _____

Phone: (Work) _____

Address _____ City _____ State _____ Zip _____

A.S. with Major in: _____

Semester & Year of Graduation: _____

A.A. with Major in: _____

Semester & Year of Graduation: _____

A.D.T with Major in: _____

Semester & Year of Graduation: _____

If you do not want your name to appear in the Graduation Program, please contact the Records Office.

Are you currently enrolled at West Valley or Mission College? YES NO

Are there additional transcripts to be evaluated? YES NO

Student is to complete the items listed above. Provisional approval or denial will be sent to the student in writing by the Records Office.

* I understand my diploma will be mailed to the address above approximately 4 months after the end of this semester.

* I have read and completed the reverse side of this form.

* I will notify the Records Office ASAP of any changes (i.e. address, academic status, etc.) at (408) 741-2034

Signature of Student _____

Date _____

SEE REVERSE SIDE

Do NOT Write Below This Line - For Records Use Only

G.E. REQUIREMENTS			MAJOR FIELD			UNITS ATTEMPT	UNITS COMP	GRADE POINTS	+ OR - GRADE POINTS FROM 2.0 AVG
CATALOG YEAR _____			CATALOG YEAR _____						
	COM- PLETED	CURRENT	COURSE	UNITS COMP.	UNITS ATTEMPT				
A. Natural Science (3 units)						WVC (F76) & AFTER			
B. Social Science (3-6 units) Series 1.						TRANSFER CREDIT			
Series 2.						WVC (PRE - F76)			
C. Humanities (3 units)						SUBTOTAL			
D. Lang. & Ratnity. (6 units) 1. Comp.						CURRENT			
2. Comm. & Analctcs.						TOTAL			
E. Electives (3 units)									
F. Intercult Studies (3 units)									
G. Physical Ed (1 unit)									
Proficiency in:			Reading _____						
			Writing _____						
			Math _____						
			Info. Comp. _____						

Final approval Tentative Approval Denied

Date _____

Posted _____

Date _____ Initials _____

Graduation Petition Supplement

Name: _____

Social Security or College ID Number: _____

Please help us to insure a prompt evaluation of your petition:

1. List below ALL previous colleges where you completed work to be evaluated for a degree.
2. Confirm that all WAIVERS and OFFICIAL college transcripts are on file or have been ordered BEFORE submitting your petition to the Records Office.
3. If all transcripts are not on file, list the date requested opposite the college name or request immediately.

Previous College Attended	Date

4. All official transcripts must be on file in the Records Office before the petition process can be completed.
5. Please direct all inquiries or questions to the Records Office at (408) 741-2034.
6. How Satisfied were you with the following West Valley College services?

College Services	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Admissions & Records Office					
West Valley College catalog					
Schedule of Classes					
Tel/Web registration					
In-person registration					
Orientation					
Financial Aid Office					
Counseling office staff					
Counseling services					
Career planning					
Reading/Writing Lab					
Health services					
Tutorial services					
Student government					
Student activities					

7. What did you enjoy the most at West Valley College?

8. What did you like the least at West Valley College?

9. Why did you choose to attend West Valley College? Please circle one:

college reputation convenience program other _____

10. Can we use your comments in marketing? Please circle one: YES NO