



Please Print Clearly

NAME: _____
First Name M.I. Last Name

PHONE NUMBER: (____) _____ ADDRESS: _____
Street Apt. #

SOCIAL SECURITY NUMBER: _____
(or Colleague ID Number) City State ZIP

I am applying for the following certificate(s):

3-D Animation and Modeling (13 units)  (2004-2005 Catalog)

Course No.	Course	Instructor	Semester	Year	Grade	Units
MM 102A	Multimedia I	_____	_____	_____	_____	4
MM 115	3-D Animation	_____	_____	_____	_____	3
MM 116	3-D Modeling	_____	_____	_____	_____	3
GA 117	Advanced 3-D Modeling & Animation	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Submit this application to the Division Office for Fine Arts, Business & Broadcasting Division (Room SC-150). Please attach a copy of your grade report or transcripts. Current course grades will be entered by instructors. Your certificate will be mailed to you.

For additional information, please contact Pilar Lewis (510)979-7965