

SANTA BARBARA CITY COLLEGE
APPLICATION FOR SKILLS COMPETENCY AWARD

Student Name: _____ **SBCC ID: K** _____

Student Name on Award: _____

Phone: _____ **Email:** _____

Term of Completion: Fall Spring Summer I Summer II **Year:** _____

Program: Acute Care CNA Home Health Aide EMT Esthetician I Esthetician 2

Other (please specify): _____

All coursework for the award has been completed or is in progress at SBCC: Yes No*

**Official external transcripts and petitions for waivers/substitutions must be submitted to Admissions & Records*

Student Signature: _____ **Date:** _____

Submit completed form to Admissions & Records (SS-110), fax to 805-962-0497, or mail to:

SBCC Admissions & Records
721 Cliff Drive
Santa Barbara, CA 93109

For information about award mailing and pick up options, see <http://www.sbcc.edu/diplomas>

Office Use Only: Audit___ Approved___ Award Date_____ Denied ___ Processed by_____

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