

SANTA BARBARA CITY COLLEGE
APPLICATION FOR SKILLS COMPETENCY AWARD

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

Student Name to Display on Printed Award: _____

Phone: _____ **Email:** _____

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

Program: Acute Care Certified Nursing Assistant Home Health Aide Esthetician I Esthetician II

Other (specify program name[s]): _____

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*

Mailing Address for Award*:
**EMT Awards are distributed in person at the last course meeting. If needed, mailing will be processed by the Allied Health department. Award applications are not required for this program.*

Student Signature: _____ **Date:** _____

Type or insert signature

Submit completed form to Admissions & Records (SS-110), email to diplomas@sbcc.edu, fax to 805-962-0497, or mail to:

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

For information about awards, see <http://www.sbcc.edu/diplomas>

Office Use Only	Audit:	Approved	Award Date	Denied	Processed by: