

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
last first middle initial

A minimum grade of C- or higher is required in Areas A1, A2, A3 and B4

Units Completed

**AREA A - ENGLISH LANGUAGE COMMUNICATION & CRITICAL THINKING** (9 sem/12 qtr units; one course from A1, A2, and A3)

A1	<b>Oral Communication</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ (no AP/IB/CLEP apply to Area A1)	
A2	<b>Written Communication</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
A3	<b>Critical Thinking</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ (no AP/IB/CLEP apply to Area A3)	

**AREA B – SCIENTIFIC INQUIRY & QUANTITATIVE REASONING** (9 sem/12 qtr units; one course from B1, B2, B3 (lab activity), and B4)

B1	<b>Physical Science</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
B2	<b>Life Science</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
B3	<b>Lab Activity</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
B4	<b>Mathematics/Quantitative Reasoning</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	

**AREA C - ARTS & HUMANITIES** (three courses - 9 sem/12 qtr units; at least one from each C1 and C2)

C1	<b>Arts</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
C2	<b>Humanities</b>	Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
C1 or C2		Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	

**AREA D / F - SOCIAL SCIENCES / ETHNIC STUDIES** (three courses - 9 sem/12 qtr units; from at least two different disciplines)

D		Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
D		Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
D or F		Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	

**AREA E – LIFELONG LEARNING & SELF DEVELOPMENT** (one course - 3 sem/4 qtr units)

E		Course: _____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
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**CSU Graduation Requirement in U.S. History, Constitution & American Ideals** (not required for certification; two courses/6 sem units)

Course:	_____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	
Course:	_____ <input type="checkbox"/> LACC or <input type="checkbox"/> other college: _____ or <input type="checkbox"/> AP/IB/CLEP: _____	

Check One:  Full Certification  Partial Certification

Counselor (print): \_\_\_\_\_ Chair or designee (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Chair: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The Articulation Officer has final determination of all approved courses and catalog rights for certification.**