Oxnard College Counseling Department
4000 South Rose Avenue • Oxnard, CA 93033
805-986-5816

CSU GE Transfer Certification Application

All transcripts and GE check sheet must accompany this application

Student completes this section. Please print

Student Name: _____ Student ID No. 900 -____-_____
Last *First* *MI*

Other Names Used at Schools/Colleges: _____

Phone No. (Eve): _____ Phone No. (Day): _____

Catalog Year Used: _____ Last semester at Oxnard College: _____

What college/university do you plan to transfer to? _____

Colleges Attended	***Semester(s) and Year(s)***

Counselor completes this section	***Areas***	***Completed***	***In Progress***
Please check as noted: See CSU check sheet for ECE for Transfer	**A**	X	
	B	X	
	C	X	
	D	X	
	E	X	
	Partial Certification		
	Total Certification	X	

Other:

The student has completed the American History & Institutions Title V requirements. ☑ **Yes** ☐ **No**

Student received copy of certification? ☐ **Yes** ☐ **No**

Student has requested copies of transcripts with GE certification to be sent to college/university? ☐ **Yes** ☐ **No**

Counselor's Signature _____ Date _____

Student's Signature _____ Date _____