



HUMAN RESOURCES

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CERTIFICATION OF COURSE COMPLETION FORM

Section to be completed by the College/University

This is to certify that _____ has successfully
Employee's/Student Name

completed all course requirements for _____
Course Title/Course Number

from _____ . The course completion
College /University

date was _____ .
Date

This qualifies him/her for the following number of units.

Please be sure to indicate Semester/Quarter units, Upper/Lower division coursework by circling the correct selection below

_____ Semester / Quarter Units - Upper / Lower Division Units
Total Number of Units Circle One Circle One

Authorized Signature _____
Instructor/Registrar/Dean Print Name and Sign

Title _____

Section to be completed by Tracy Unified Employee

I understand that this Certification of Completion form must be submitted to the Human Resources Department by September 1st. to receive credit for the degree (s) for the current school year, an Official Transcript must be received by the Human Resources Department prior to November 1st.

Signature _____ Date _____
Employee Signature