



# REGION 4 GENERAL EDUCATION RECIPROCIITY PROGRAM CERTIFICATION



Evergreen Valley College



FOOTHILL  
COLLEGE



Gavilan College



San Jose City College



Student Name \_\_\_\_\_

Student ID or Social Security Number \_\_\_\_\_

Student Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

I certify that the above student has completed all General Education and

Proficiency/Competency requirements of \_\_\_\_\_  
(College Name)

for the following degree:

Associate in Arts

Associate in Science

Certified by: \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name

\_\_\_\_\_ Phone #: \_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Top Copy: Receiving College

Middle Copy: Certifying College

Bottom Copy: Student

*Please attach a copy of your General Education pattern when sending this form to receiving school.*

