



EVERGREEN VALLEY COLLEGE



# California Intersegmental Articulation Council

## REGION 4

### GENERAL EDUCATION RECIPROCITY PROGRAM CERTIFICATION

|                  |                |
|------------------|----------------|
| Student Name:    | _____          |
| Student ID # :   | _____          |
| Student Address: | _____<br>_____ |
| Phone Number:    | _____          |
| E-Mail Address:  | _____          |

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

\_\_\_\_\_  
(Certifying College Name)

\*for local degrees

☐

GE for Associate of Arts\*

\_\_\_\_\_  
(Academic Year of Completion)

☐

GE for Associate of Science\*

\_\_\_\_\_  
(Academic Year of Completion)

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Certified by:

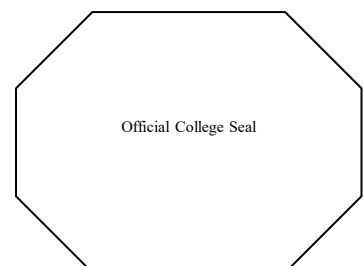
Printed Name

Date

Title

Phone

Signature



Official College Seal