



APPLICATION FOR SKILLS COMPETENCY AWARD

Student Name: _____ SBCC ID: _____

Full Name as it should be printed on the Award: _____

Date of Birth: _____ Email: _____

Term of Completion: Fall Spring Summer Year:

Program: Acute Care Certified Nursing Assistant Home Health Aide Esthetician I Esthetician II

Other (specify program name[s]): _____

All coursework for the award has been completed or is in progress at SBCC: Yes No*
*Official external transcripts and petitions for waivers/substitutions must be submitted to Admissions & Records

Mailing Address for Award*:
*EMT Awards are distributed in person at the last course meeting. If needed, mailing will be processed by the Allied Health department.
Award applications are not required for this program.

Student Signature: _____ Date: _____
Type name or insert signature

Submit completed form to Admissions & Records (SS-110), email as an attachment to diplomas@sbcc.edu, or mail to:

SBCC Admissions & Records
721 Cliff Dr
Santa Barbara, CA 93109

Skills Comptency Awards are not posted on official transcripts
For information about awards, see <http://www.sbcc.edu/diplomas>

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|------------------------|---------------|----------|---------------|--------|
| Office Use Only | Audit: | Approved | Award Date | Denied |
| | Processed by: | | Process Date: | |