A&R Received by	
Date:	-

## REQUEST FOR IGETC & 6 8 \* (CERTIFICATION HARTNELL COLLEGE

411 Central A\psi Salinas, C. 9.3901| Phone: 835.76711
Completethis form and submit to the Admissions and Records of fixebraissions@hartnell.edu
Pleaseallow 2-4 weeks for occessing. Incomplete forms will result in non-consideration.

7 KLV UH1T2X7HDYQV RLMLFLDO WUDQVFULSW UHTXHVW+D3LONHQDHYQHOUHGX

STUDENT INFORMATION			
Full Legal Name:		Hartnell ID #: (or Soc. Sec. Num.)	
Birthdate:	All Previous Names:		
Address(Street, City, State and Zip Code)			
Phone: (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Email:		
RECIPIENT INFORMATION	Send IGETC Certific	cation To:	
School or Name: (i.e., UC Berkeley)			
Attention To: (i.e., Admissions Office)			
Address: (i.e., 12\$treet Name)			
City, State and Zip Code: (i.e., Berkeley, CA 94720)			