

# Application for Award SKILLS CERTIFICATE IN COOK SKILLS

Academic Plan: H130631J



### Instructions to student:

1. Please complete this form.
2. Attach copies of your transcripts which include classes required for this certificate.
3. Return your completed application to Admissions & Records (SSA 218) 310-233-4020, or use your district email account (ends in @student.laccd.edu) to email completed forms to [arhelp@lahc.edu](mailto:arhelp@lahc.edu).
4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	Units	Grade	Semester Completed	Year Completed
CLN ART 113	Culinary Skills I	3			
CLN ART 114	Aromatics	2			
CLN ART 115	Food Fabrication	2			
CLN ART 116	Product Identification & Purchasing	2			
CLN ART 117	Food Sanitation & Safety	3			
	<b>Total Units</b>	<b>12</b>			

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

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

By signing below I certify that all information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Do not write in this box

Granted

Denied

Pending

Notes: \_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_

on date: \_\_\_\_\_

Student notified by email on date:

\_\_\_\_\_