Bakersfield College

Request For GEC or IGETC

Student Name ___________________________ Dates of Attendance ___________________________

Address _________________________________________________________________

City ___________________________ State __________ Zip Code ________________

Phone Number (_____) ____________________ SS# ___________________________ Date of Birth __________________

☐ CSU: General Education Certificate
   Partial Certification will be done and mailed.

☐ CSU or UC: Intersegmental General Education Transfer Curriculum (IGETC) This certification must be complete for it to be valid. Partial certification will not be mailed.

☐ Veterans: Check here to have military “basic training” satisfy Area E of the university’s general education requirements

SEND TO:__________________________________________________

FOR OFFICE USE - REMARKS:

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Signature ___________________________ Date ___________________________