



General Education Pattern Pass Along Request

Student ID:	@											Contact Telephone:	
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Student Record Name:			
	Last	First	M.I.

Contact Email:	
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(Select one only)

CC Native
 Area of Emphasis: _____
 CSU Breadth
 IGETC (CSU and/or UC)

Other College Name	Other College Course (Prefix & Number or Title)	Grade	Units (S/O)	Year Taken	Other College GE Area	***Requested GE Area and/or Other Grad Requirement (i.e. Cultural Diversity/Reading proficiency)

*** If course is to be used to satisfy Freshman Composition or Critical Thinking, the syllabus must be attached.

Comments: _____

Counselor Name _____ _____
Counselor Signature _____ _____
Date

For Admissions and Records Use Only

Approved: Denied:

Comments: _____

Evaluator Signature/PPC/Articulation Officer _____
Date

Counseling Use Only

Student Contacted by (Name) _____ _____
Date 09/2019