

**Certificate of Proficiency
 PILATES CERTIFICATION
 MiraCosta College
 Effective Fall 2009 through Summer 2010**

(Office Use Only)

Catalog Number	Course Name	Units
DNCE 157	Pilates Apparatus I	1 _____
DNCE 159	Pilates Mat Work I	1 _____
DNCE 257	Pilates Apparatus II	1.5 _____
DNCE 259	Pilates Mat Work II	1.5 _____
DNCE 292	Internship Studies	2.5 _____
BIO 190	Survey of Human Musculoskeletal System	1 _____
BUS 140	Legal Environment of Business	3 _____
Select at least three elective units from the following:		3 _____
BUS 130	Small Business Management	(3) _____
BUS 170	Entrepreneur I	(1.5) _____
BUS 171	Entrepreneur II	(1.5) _____
TOTAL UNITS		14.5 _____

Requirement: Grade of "C" or better in each course.

OFFICE USE ONLY	Date/Initials
Preliminary Letter OK_____ Not OK_____	
Final Letter OK_____ Not OK_____	
Certificate Mailed	



MIRACOSTA COLLEGE
Student Application
CERTIFICATE OF PROFICIENCY

Name _____ Gender (circle one): M F
Print name exactly as it is to appear on certificate. (First, Middle, Last - use upper and lower case)

Student ID Number _____ SSN _____ - _____ - _____

Telephone Number: _____ E-mail: _____

Student Address to Mail Certificate:

Certificate for which you are applying: _____ # of Units: _____
(See college catalog for exact titles)

Have you already completed your certificate? (Yes/No) _____
If Yes, Semester of Completion (i.e., Spring 2008) _____
If No, Anticipated Semester of Completion (i.e., Spring 2009) Fall [] 20__ Spring [] 20__ Summer [] 20__

Do you have any Substitution/Waiver form(s) on file at MiraCosta that include courses needed for this certificate?
(Yes/No) _____
If yes, please note that the Substitution/Waiver form(s) must be attached to and turned in with this application

List any/all colleges other than MiraCosta from which you have taken courses to be considered for this certificate:

Are transcripts for the above named college(s) on file at MiraCosta College? (Yes/No) _____

Please note that official transcripts from the above-named college(s) must be on file at MiraCosta College or attached to and turned in with this application.

READ CAREFULLY BEFORE SIGNING

Note: If official transcripts from other colleges and/or course Substitution/Waiver forms are NOT on file at MiraCosta, or if you have courses in progress at another college that are required to complete this Certificate, these documents must be on file at MiraCosta College or attached to and turned in with this application before a Certificate will be awarded. Applications should be returned to the Office of Instruction, Building 4700 on the Oceanside Campus, or mailed to the following address:

MiraCosta College
Attn: Melanie Haynie
One Barnard Drive, M/S 8A
Oceanside, CA 92056

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

[] Transcript(s) Attached [] Substitution Waivers (s) Attached [] Certificate Courses Confirmed by (initial): _____