



SANTA SUSANA HIGH SCHOOL

Academics, Technical Arts, and Visual and Performing Arts
3570 Cochran Street
Simi Valley, California 93063
805.520.6800 www.santasusana.org



APPLICATION FOR ACADEMY CERTIFICATION

Please print clearly and complete ALL items.

Student Name: _____ ID Number: _____

TAP Teacher: _____

I am applying for a certificate in the

SCHOOL OF _____

ACADEMY/EMPHASIS _____

I am applying for a certificate of (check ONE):

___ Recognition (Cum Laude) ___ Honors (Magna Cum Laude) ___ High Honors (Summa Cum Laude)
(with distinction) (with great distinction) (with very great honor)

Required Courses Completed
(See "Certification Requirements")

Year Taken

Grade Earned
(Sem 1) (Sem 2)

NOTE: If you have more classes than required, use classes with the highest grades!

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

GPA Required in ACADEMY COURSES: _____ MY GPA in ACADEMY COURSES: _____

OVERALL GPA Required: _____ MY OVERALL GPA: _____

Senior Project Completed? (Yes or No) _____ Topic of Senior Project: _____

I have met the above and all other requirements as outlined in the Certification Requirements (Yes or No) _____

Student Signature _____ Date: _____

OFFICE USE ONLY

Reviewed By: _____ Date: _____

APPROVED

DENIED

*** YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH CERTIFICATION REQUEST. ***