Application for Award
CERTIFICATE OF ACHIEVEMENT IN ACCOUNTING
Major Code: 050200

Los Angeles Harbor College

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.
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
	Component I (choose 16 units minimum)				
ACCTG 1	Introductory Accounting I	5			
ACCTG 2	Introductory Accounting II	5			
ACCTG 3	Intermediate Accounting	3			
ACCTG 11	Cost Accounting	3			
ACCTG 15	Tax Accounting I	3			
ACCTG 16	Tax Accounting II	3			
	Component II (choose 15 units minimum)				
BUS 1	Introduction to Business	3			
BUS 5	Business Law I	3			
BUS 6	Business Law II	3			
BUS 31	Business English	3			
BUS 32	Business Communications	3			
BUS 38	Business Computation	3			
BUS 60	Keyboarding Fundamentals	1			
CO INFO 1	Principles of Business Computer Systems I	3			
CO INFO 16	Spreadsheet Applications – Excel	3			
CO INFO 24	Accounting on Microcomputers	2			
FINANCE 2	Investments	3			
FINANCE 8	Personal Finance and Investments	3			
MGMT 2	Organization and Management Theory	3			
REAL ES 16	Income Tax Aspects of Real Estate	3			
	Total Units	**31**			

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:

_____

Application for Award
SKILLS CERTIFICATE IN TAXATION
Major Code: 050202

Los Angeles Harbor College

Instructions to student:

1. Please complete this form.
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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
ACCTG 1	Introductory Accounting I	5			
ACCTG 15	Tax Accounting I	3			
ACCTG 16	Tax Accounting II	3			
CO INFO 24	Accounting on Microcomputers	2			
REAL ES 16	Income Tax Aspects of Real Estate	3			
	Total Units	**16**			

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:

_____

Application for Award
SKILLS CERTIFICATE IN ACCOUNTING
Major Code: 050201

Los Angeles Harbor College

Instructions to student:

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Course	Name	Units	Grade	Semester Completed	Year Completed
ACCTG 1	Introductory Accounting I	5			
ACCTG 2	Introductory Accounting II	5			
ACCTG 3	Intermediate Accounting	3			
ACCTG 11	Cost Accounting	3			
or ACCTG 15	Tax Accounting I	3			
	Total Units	**16**			

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:

_____

Application for Award
SKILLS CERTIFICATE IN TAXATION
Major Code: 050201

Los Angeles Harbor College

Instructions to student:

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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
ACCTG 1	Introductory Accounting I	5			
ACCTG 2	Introductory Accounting II	5			
ACCTG 3	Intermediate Accounting	3			
ACCTG 11	Cost Accounting	3			
or ACCTG 15	Tax Accounting I	3			
	Total Units	**16**			

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

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☐ Granted

☐ Denied

☐ Pending

Notes: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

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