Application for Award
SKILLS CERTIFICATE IN ADMINISTRATIVE ASSISTANT

Major Code: 051401

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
CAOT 7	Machine Transcription	3			
CAOT 30	Office Procedures	3			
CAOT 34	Business Terminology	2			
CAOT 61	Introduction to Office Machines	1			
CAOT 82	Microcomputer Software Survey	3			
CAOT 84	Microcomputer Office Applications: Word Processing	3			
	Total Units	**15**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN RECORDS MANAGEMENT (Clerical Records & Filing)

Major Code: 051404

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
CAOT 1	Computer Keyboarding I	3			
CAOT 9	Keyboarding Improvements	1			
CAOT 30	Office Procedures	3			
CAOT 33	Records Management and Filing	2			
CAOT 34	Business Terminology	2			
CAOT 61	Introduction to Office Machines	1			
CAOT 86	Microcomputer Office Applications: Database	3			
	Total Units	**15**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

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Application for Award

CERTIFICATE OF ACHIEVEMENT IN OFFICE ADMINISTRATION

Major Code: 051400

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
CAOT 1	Keyboarding I	3			
CAOT 2	Keyboarding II	3			
CAOT 30	Office Procedures	3			
CAOT 33	Records Management & Filing	2			
CAOT 34	Business Terminology	2			
CAOT 61	Introduction to Office Machines	1			
CAOT 64	Business Administration Lab	1			
or CAOT 185	Directed Study CAOT	1			
CAOT 78	Microcomputer Accounting Application for the Electronic Office	3			
CAOT 82	Microcomputer Software Survey	3			
CAOT 84	Microcomputer Office Applications: Word Processing	3			
CAOT 86	Microcomputer Office Applications: Database	3			
CAOT 88	Microcomputer Applications: Desktop Publishing	3			
or CAOT 110	Presentation Design	3			
	Total Units	**30**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN OFFICE AUTOMATION

Major Code: 051402

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
	Core (13 units)				
CAOT 1	Computer Keyboarding I	3			
or CAOT 2	Computer Keyboarding II	3			
CAOT 64	CAOT Laboratory	1			
or CAOT 185	Directed Study – Computer Applications Office Technology	1			
CAOT 79	Word Processing Applications	3			
CAOT 82	Microcomputer Software Survey in the Office	3			
CAOT 85	Microcomputer Office Applications: Spreadsheets	3			
	Electives (choose 3 units minimum)				
CAOT 86	Microcomputer Office Applications: Database	3			
CAOT 88	Microcomputer Office Applications: Desktop Publishing	3			
CAOT 110	Microcomputer Office Applications: Presentation Design	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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN MEDICAL OFFICE ASSISTANT
Major Code: 051421

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
BIOLOGY 33	Medical Terminology	3			
CAOT 9	Keyboarding Improvement	1			
CAOT 21	Medical Secretarial Procedures I	5			
CAOT 64	CAOT Laboratory	1			
CAOT 84	Microcomputer Office Applications: Word Processing	3			
CAOT 86	Microcomputer Office Applications: Database	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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN LOGISTICS
Major Code: 051406

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
BUS 1	Introduction to Business	3			
BUS 60	Business Documents Processing	1			
BUS 130	Introduction to Supply Chain Management	3			
CAOT 85	Microcomputer Office Applications: Spreadsheets	3			
CAOT 129	Technology in Global Logistics	1			
CO INFO 1	Principles of Business Computer Systems	3			
INT BUS 1	International Business	3			
	Total Units	**17**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
CERTIFICATE OF ACHIEVEMENT IN LEGAL OFFICE ASSISTANT
Major Code: 051410

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
BUS 5	Business Law I	3			
CAOT 1	Keyboarding I	3			
CAOT 2	Keyboarding II	3			
CAOT 9	Keyboarding Improvement	1			
CAOT 23	Legal Office Procedures I	5			
CAOT 30	Office Procedures	3			
CAOT 33	Records Management & Filing	2			
CAOT 34	Business Vocabulary and Spelling	2			
CAOT 47	Applied Office Practice	2			
CAOT 64	Office Administration Lab	3			
CAOT 82	Microcomputer Software Survey	3			
CAOT 185	Directed Study – Computer Applications Office Technologies	1			
	Electives (choose 3 units minimum)				
CAOT 79	Microcomputer Office Applications: Advanced Word Processing	3			
CAOT 84	Microcomputer Office Applications: Word Processing	3			
CAOT 86	Microcomputer Office Applications: Database	3			
	Total Units	**32**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN KEYBOARDING
Major Code: 051405

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
CAOT 1	Computer Keyboarding I	3			
CAOT 2	Computer Keyboarding II	3			
CAOT 7	Machine Transcription	3			
CAOT 9	Keyboarding Improvement	1			
CAOT 79	Word Processing Applications	3			
CAOT 82	Microcomputer Software Survey	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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN COMMUNICATION

Major Code: 051403

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
CAOT 2	Computer Keyboarding II	3			
CAOT 34	Business Terminology	2			
CAOT 79	Word Processing Applications	3			
CAOT 86	Microcomputer Office Applications: Database	3			
CAOT 88	Microcomputer Office Applications: Desktop Publishing	3			
CAOT 110	Microcomputer Office Applications: Presentation Design	3			
	Total Units	**17**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award

CERTIFICATE OF ACHIEVEMENT IN BUSINESS INFORMATION WORKER II

Major Code: 050100

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
CAOT 33	Records Management & Filing	2			
CAOT 47	Applied Office Practice	2			
CAOT 48	Word Processing	3			
CAOT 78	Microcomputer Accounting Applications for the Electronic Office	3			
CAOT 86	Microcomputer Office Applications: Database	3			
CAOT 87	Excel Concepts for Business Applications	2			
CAOT 110	Microcomputer Office Applications: Presentation Design	3			
	Total Units	**18**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award

CERTIFICATE OF ACHIEVEMENT IN OFFICE AUTOMATION

Major Code: 051401

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
CAOT 2	Keyboarding II	3			
CAOT 30	Office Procedures	3			
CAOT 33	Records Management & Filing	2			
CAOT 34	Business Terminology	2			
CAOT 61	Introduction to Office Machines	1			
CAOT 78	Microcomputer Accounting Application for the Electronic Office	3			
CAOT 82	Microcomputer Software Survey	3			
CAOT 84	Microcomputer Applications: Word Processing	3			
CAOT 85	Microcomputer Applications: Spreadsheets	3			
CAOT 86	Microcomputer Office Applications: Database	3			
CAOT 88	Microcomputer Applications: Desktop Publishing	3			
CAOT 110	Microcomputer Office Applications: Presentation Design	3			
	Total Units	**32**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award

CERTIFICATE OF ACHIEVEMENT IN MEDICAL OFFICE ASSISTANT

Major Code: 051420

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
BIOLOGY 33	Medical Terminology	3			
CAOT 1	Keyboarding 1	3			
CAOT 2	Keyboarding II	3			
CAOT 21	Medical Office Procedures I	5			
CAOT 33	Records Management & Filing	2			
CAOT 34	Business Vocabulary and Spelling	2			
CAOT 64	Business Administration Lab	1			
or CAOT 185	Directed Study CAOT	1			
CAOT 79	Microcomputer Office Applications: Advanced Word Processing	3			
CAOT 82	Microcomputer Software Survey	3			
CAOT 85	Microcomputer Office Applications: Spreadsheets	3			
CAOT 86	Microcomputer Office Applications: Database	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: _____

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_____

Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award
SKILLS CERTIFICATE IN LEGAL OFFICE ASSISTANT
Major Code: 051411

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
BUS 5	Business Law I	3			
CAOT 1	Computer Keyboarding I	3			
CAOT 23	Legal Secretarial Procedures I	5			
CAOT 30	Office Procedures	3			
CAOT 84	Microcomputer Office Applications: Word Processing	3			
	Total Units	**17**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____

Application for Award

CERTIFICATE OF ACHIEVEMENT IN BUSINESS INFORMATION WORKER I

Major Code: 050100

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
BUS 032	Business Communications	3			
CAOT 001	Computer Keyboarding and Document Applications	3			
CAOT 047	Applied Office Practice	2			
CAOT 067	Microsoft Outlook for the Office	2			
CAOT 084	Microcomputing Office Application: Word Processing	3			
CAOT 85	Microcomputing Office Application: Spreadsheets	3			
CAOT 092	Computer Windows Applications	2			
CO INFO 001	Principles of Business Computing Systems	3			
MGMT 033	Personnel Management	3			
	Total Units	**24**			

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: _____

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Reviewed by:_____

on date:_____

Student notified by email on date:

_____