

# Application for Award SKILLS CERTIFICATE IN FITNESS TRAINING

Academic Plan: H083550J



**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, or use your district email account (ends in @student.laccd.edu) to email completed forms to [arhelp@lahc.edu](mailto:arhelp@lahc.edu).
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
COMM 101	Public Speaking	3			
<b>or</b> COMM 121	Interpersonal Communication	3			
FAM &CS 021	Nutrition	3			
<b>or</b> HEALTH 006	Nutrition for Healthful Living and Fitness Activities	3			
HEALTH 012	Safety Education and First Aid	3			
KIN MAJ 119	Kinesiology - Physical Efficiency	2			
KIN 010	Kinesiology - Physical Fitness	1			
KIN 250-1	Weight Training Skills I	1			
<b>or</b> KIN 250-2	Weight Training Skills II	1			
	<b>Total Units</b>	<b>13</b>			

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:

\_\_\_\_\_