CE Program: __Digital Media__   ECC Title: __Digital Visual Effects__

DATE: _____

*MSJC Student ID #:*_____   *E-Mail:* _____

_____   _____   _____
First Name   *MI*   *Last Name*

_____   _____
Address   *APT#*

_____   _____   _____   _____
City   *State*   *Zip*   *Phone Number*

Indicate Program Completion Semester:

Summer [   ]   Fall [   ]   Spring [   ]   Year [   ]

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY CE STAFF

PLEASE NOTE: A cumulative GPA 2.0 or higher is required for these courses.

COURSE NUMBER	COURSE NAME	UNITS	DATE COMPLETED	GRADE EARNED
DIG 170	3D ANIMATION	3		
DIG-171	2D ANIMATION	3		
DIG-172	MOTION GRAPHICS	3		
DIG-175	ANIMATION PRODUCTION	3		
DIG-190 OR	DIGITAL VIDEO DESIGN I	3		
DIG-194	VIRTUAL REALITY	3		
Total Units Required:		15		

Approved ECC certificates are processed and mailed on a quarterly basis

When all class requirements have been met, *__Submit Completed Application to the Career Education office__:*

San Jacinto Campus, 1499 N State Street, Office1255 D or Menifee Campus, 28237 La Piedra Road, Room 916 or Via Email: requestecc@msjc.edu; or By Fax: 951-301-7258.

For additional CE certificate and degree information, see the MSJC General Catalog or visit our MSJC CE website: http://www.msjc.edu/cte/Pages/default.aspx

_____   _____   _____   _____
Verified by   *Date*   *Approved by Instruction Office*   *Date*