



SF STATE

SF State College of Extended Learning

Application for Certificate of Completion for

AutoCAD Program

Date _____

Name printed
on Certificate: _____ SFSU ID# _____

Daytime Phone _____ Semester & Year of completion _____

Present Address _____ E-Mail _____

City, State, Zip _____

COURSE #	REQUIRED COURSES	CEU'S	SEMESTER/YEAR COMPLETED	GRADES office use only
ENGR 9069	AutoCAD Level I	2.4	_____	_____
ENGR 9070	AutoCAD Level II	2.4	_____	_____
ENGR 9072	AutoCAD 3D Applications: Modeling & Rendering	1.8	_____	_____
ENGR 9125	3ds Max Design	1.2	_____	_____
ENGR 9119	Graphics Production with AutoCAD	1.2	_____	_____
Elective	Elective	2.0	_____	_____
Total CEU's required: 11				

office use only

Approved Not Approved (see above for details)

Program Director _____

Print Name

Signature

Date

Please enclose a check for \$50 made payable to SF State College of Extended Learning and mail to:
Dylan Romero, SF State Downtown Center, 835 Market St, 6th Floor, San Francisco, CA 94103-1901