SAN FRANCISCO STATE UNIVERSITY COLLEGE OF EXTENDED LEARNING

# APPLICATION FOR CERTIFICATE

Date: _____

Student Name: _____ SFSU ID: _____

Present Address: _____ Birth Date: _____

City, State, Zip: _____ Last Semester of Attendance: _____

Any other names you have used at SFSU: _____ Email: _____

Telephone: _____ Semester of Graduation: _____

NAME OF CERTIFICATE PROGRAM:

COURSES (List required course(s) first):

| Dept. and Course # | Course Title | # of Semester Units | Term Registered | Institution (if transfer) Attach transcripts | Office Use Only |
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| | TOTAL: | | | | |

Office Use Only

TOTAL UNITS REQUIRED FOR CERTIFICATE: G.P.A.

The student has demonstrated in accordance with university policy, an appropriate level of writing competency in the following manner (required): □ Exempt- has a B.A Degree □ JEPET □ ENG 414 □ PLS 414

Other requirements (specify): _____

The undersigned approve award of the certificate:

Program Director: _____ (Type/Print Last Name) _____ (Signature) _____ (Date)

DEAN, CEL: _____ (Type/Print Last Name) _____ (Signature) _____ (Date)