

# 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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