



Do you now hold a professional certificate, credential or license of any kind? If so, list type, state and date of issue.

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Volunteer and employment history. Please include your present employer and any employment which may be relevant to your professional academic goal.

Employer	Nature of Work	Inclusive Dates
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Professional Objectives

**Please send the completed form with official transcripts and a \$50 (International Business is \$100) check or money order (non-refundable) made payable to SFSU-CEL.**

Please mail your payment to the attention of one of the following programs:

**Digital Animation**  
**International Business**  
**Music/Recording Industry**  
**Paralegal Studies**  
**Spanish/English Interpretation (Legal/Court)**

SF State Downtown Campus  
835 Market Street, 6th Floor  
San Francisco, CA 94103-1901  
sfsucel@sfsu.edu  
(415) 405-7700

I understand that admission to this program constitutes admission to a College of Extended Learning certificate program at San Francisco State University, not admission to a campus degree program.

Name of applicant (please print): \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

Application Number: \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_