

# SAN FRANCISCO STATE UNIVERSITY COLLEGE OF EXTENDED LEARNING APPLICATION FOR GRADUATION: ACADEMIC CERTIFICATE PROGRAM

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):**

Subject & Course #	Course Title	# of Semester Units	Term Registered	Institution (if transfer)	Office Use Only
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**\*Attach transcripts**

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
  ENG 414
 PLS 414

Other requirements (specify): \_\_\_\_\_

The undersigned approve award of the certificate:

Program Director: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

CEL Dean/Designee: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_