



College of Extended Learning

SF State Downtown Campus
835 Market Street, 6th Floor
San Francisco, CA 94103-1901

Application for Certificate of Completion

PROGRAM: _____

CERTIFICATE: _____

Semester/Year Completed: _____ **Today's Date:** _____

NAME: _____ **SFSU ID:** _____

SFSU Email: _____ **Other Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Any other name used at SFSU: _____

Approved: **Yes** **No** (*why:* _____)

By: _____ **Signature** _____ **Title** _____

Date: _____