



UNDERGRADUATE AND POST-BACCALAUREATE CERTIFICATE COMPLETION FORM

This form should be submitted by the student to his/her Program Director or Advisor for completion no later than the end of the second week of the term when it is anticipated that all certificate requirements will be met.

To Be Completed by Student:

Candidate's Name: _____ CSU ID: _____

Address: _____

Phone: _____ E-Mail: _____

Certificate Program: _____

Completion Term/Year: Fall Spring Summer Year: _____

Student Signature: _____ Date: _____

To Be Completed by Program Director or Advisor:

<u>Courses</u>	<u>*Required or Elective</u>	<u>Term Taken</u>	<u>Credit Hours</u>	<u>Grade Earned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Any course substitutions must be accompanied by a memo of explanation from the Program Director or Advisor.**

Total Credits Required: _____ Credits in Progress: _____

Comments: _____

Program Director or Advisor Approval Signature: _____ Date: _____

Assistant Dean Approval: _____ Date: _____

University Registrar - Office Use Only:

Activate: Date: _____ Complete: Date: _____

Signature: _____ Notes: _____