

SONOMA STATE UNIVERSITY

Office of Extended Education and Summer Session

707-664-2394

Application for Award of Certificate

Print name as it should appear on certificate

Name of Certificate Program

Semester Program Completed

Daytime Telephone

Evening Telephone

Social Security Number

Address for Mailing Certificate:

Address City State Zip

To the best of my knowledge, I have completed all requirements for award of certification by the Office of Extended Education. I understand that I will receive my certificate by mail pending approval by the Extended Education Registrar and the Coordinator of the certificate program in which I have been enrolled.

Signature

Dated

OFFICE USE ONLY

Units/Hours Completed:

Transcripts Attached: Yes

No

Request for Certification: Approved

Disapproved

For the following reasons:

Coordinator's Signature

Registrars Signature