SONOMA STATE UNIVERSITY

Application for Certificate of Completion

Name_____
Print name as you want it to appear on your certificate

Address_____
Certificate Mailing Address

City_____State_____Zip_____

SSU ID _____

Certificate Program _____

Completion Term/Year _____

Passing credit has been or will be presented in the courses listed below to satisfy all certificate program requirements. Included are all courses, completed and in progress, to apply to this program.

Institution	Term/ Year	Dept.	Course No.	Title	Semester Units	Grade	Office Use Only	
							Met	Deficient

Student's Signature_____Date_____

Approved _____, Program Coordinator

_____

Office use only: Cert. Courses:

Bachelors Degree Awarded Term/Year_____/_____ Minimum 2.00 GPA: Yes No

Date Certification Awarded_____ By _____, Evalutator

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