



DEPARTMENT OF ENGLISH

ATTESTATION OF COMPLETION OF CERTIFICATE REQUIREMENTS

Complete this form in its entirety. Incomplete forms will be returned. Submit the completed form to the English Department Office via email to engl-asc@csus.edu to get the required signatures.

NAME: _____ STUDENT ID #: _____

EMAIL: _____ PHONE: _____

CERTIFICATE PROGRAM: _____

ADDRESS (where the certificate will be mailed)

Street _____ Apt. or Unit _____

City _____ State & Zip _____

LIST OF COURSES TAKEN

Only courses eligible for the Certificate should be listed, and you must have already received a grade.

SEM/YR

GRADE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COURSES APPROVED FOR SUBSTITUTION

You must attach a signed approval from the Program Coordinator for the substitution.

SEM/YR

GRADE

_____	_____	_____
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By checking this box, I certify that all of the information provided above is correct and that I received advising before submitting this form.

ADVISING CONTACT INFORMATION

Undergraduate Certificates

Certificate A—TESOL
Professional Writing
Writing for Film, Stage, & TV

Contact

Prof. Reiko Komiyama
Prof. Angela Lafen
Prof. Brett Williams

Graduate Certificates

Certificate B—TESOL
Teaching Composition

Contact

Prof. Reiko Komiyama
Prof. Hogan Hayes

DEPARTMENT USE ONLY

By signing below, I certify that I have evaluated the student's coursework and attest that all requirements have been satisfied.

Program Coordinator Signature _____ Date _____

Chair Signature _____ Date _____

Dean Signature _____ Date _____