

California State University, Sacramento
College of Arts and Letters
APPLICATION FOR CERTIFICATE OF ACADEMIC ACHIEVEMENT

Name of Certificate _____

I. STUDENT INFORMATION

Name _____ SID _____

Address _____

Phone _____ Email _____

Previous Degrees: _____

Student Signature _____ Date _____

II. DEPARTMENT APPROVAL OF ADMISSION TO PROGRAM

Applicant is matriculated at CSUS Yes/No

Applicant will enroll through Open University Yes/No

Applicant meets prerequisites for Certificate Yes/No

This form must be signed by the department chair or program coordinator to confirm the student's qualifications have been checked.

Coordinator/Department Chair's Signature _____

Department of _____

III. PLANNED PROGRAM (A) Total units: _____

(B) Expected Completion Date: _____

(C)	Required Courses	Completed	Grade	(D) Elective Courses	Completed	Grade
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

IV. VERIFICATION OF COMPLETION OF CERTIFICATE PROGRAM

I hereby certify all requirements have been completed and the Certificate of Academic Achievement shall be awarded.

Coordinator/Department Chair's Signature _____ Date _____

Dean's Signature _____ Date _____

Distribution:

Original to: Registrar (upon completion)

Copies to: College Dean Coordinator/Department Chair Student