



APPLICATION FOR ACADEMIC CERTIFICATE

GENERAL INFORMATION

Please read the information below before completing the
Application for Academic Certificate Application

- **Academic Certificate Fee(s)** – Please pay the **\$10.00 fee** at the Brusar's Office (Lassen Hall) before submitting the form to the Office of Graduate Studies (River Front Center, Room 215). **Please read the information below before completing the academic certificate application.**
- **Due Dates:** Return this form to the Office of Graduate Studies by the date noted below:
 - **October 1** (for Fall Certificate Completion) / **February 1** (for Spring/Summer Certificate Completion)
- **Changes to Academic Certificate Application** - *Make a copy of this application for your records.* If you have changes, please visit the Office of Graduate Studies, River Front Center, Room 215.
- **Approval of Academic Certificate Course Verification** – If you do not have an approved *Academic Certificate of Completion Course Verification* form on file with the Office of Graduate Studies, your Application for Academic Certificate application will be returned to you.
- **Certificate Mailing Address-** You will receive your certificate approximately **six (6) months** after Completion of Certificate Program.
Note: If your *address is different than the one listed on this form*, you must file a "Data Change Form" with the Office of Graduate Studies or update your records on your My Sac State account.
- **Approval Signature** – Obtain the appropriate signature of your departmental faculty advisor.



Office of Graduate Studies

Cashiers Receipt

Application for Academic Certificate

Please pay the \$10.00 academic certificate fee at the Bursar's Office in Lassen Hall.

DUE: October 1 (Fall) / February 1 (Spring)

Acct Code: TS034 - 501870 - 63800-\$10.00

Read each section carefully to avoid mistakes and delays

Student ID #: _____

Last Name: _____ First: _____ MI: _____

Enter appropriate authorized academic certificate program:

Name: Ms. Mr. Dr. Other: _____

Name on Certificate (legal name used while attending the university):

FIRST Name

Middle

LAST Name

Certificate Mailing Address: Your certificate will be sent to the address below. If you move prior to completing your certificate, please complete a "Data Change Form" and return it to the Office of Graduate Studies (River Front Center - Room 206).

Address: _____

Phone: _____ Email: _____

Student Signature: _____ Date: _____

Certification Date: Spring Summer Fall Year: _____

Approved: _____
Faculty Advisor Date

Signature of Graduate Coordinator or Department Chair (see back for more details) Date

Office of Graduate Studies Use

Academic Certificate Application:

Notes:

Course Currency Exp.: _____

Certificate Conferral Date: _____

Checked By: _____

Posted by: _____