

SAN DIEGO STATE UNIVERSITY
 Division of Graduate Affairs
 SSE 1410 (619) 594-5213
 grad.sdsu.edu
 gra@sdsu.edu

Notification of Completion of Advanced Certificate Program

(TYPE OR PRINT CLEARLY)

_____ RED ID

_____ Telephone No.

_____ Apt. #

_____ Zip Code

STUDENT STATUS

Matriculated at SDSU Extended Studies

Name of Advanced Degree Program _____

Courses Completed to Meet Requirements

Dept/Course #	Title	Units	Grade	Institution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Department examination required: No Yes If yes, date passed: _____

Program completed on _____ . I verify that all requirements have been successfully completed.

_____ Certificate Program Director Signature Date

DIVISION OF GRADUATE AFFAIRS

Name of Advanced Certificate to be posted _____

Posted by _____

_____ Graduate Dean or Designee Signature Date