## San Francisco State University CERTIFICATE APPROVED PROGRAM

Name:    Last   First   Middle     Address:   Street	Date:	Student ID No.		[	Official Cert	ificate Title from Bulletin:	
Address:    City   State   Zip   Undergraduate, Post-Bac	Name:						
City State Zip  Email Address: Phone Number: Undergraduate, Post-Bac  Ill requirements must be completed within 7 years from the start of the term of the earliest course listed below. Ifficial transcripts are attached for any transfer courses.  Dept. and Course Title Sem Term Institution (if transfer) (Dept. and Course No.)  Ourse No. Course Title Sem Term (iff transfer) (Dept. and Course No.)  From Course No. Course Title Sem Term (Institution (Iff transfer) (Dept. and Course No.)  TOTAL UNITS REQUIRED FOR CERTIFICATE: 40  Total units Required: Successful completion of Sci 695  Deter requirements (specify): Type/Print Last Name Signature Date rogram/Department Chair (required): Type/Print Last Name Signature Date  OFFICIAL USE BY CASHIER For payment of fee	Address:		Middle		Department	offering certificate:	
Email Address: Phone Number: Ultrequirements must be completed within 7 years from the start of the term of the earliest course listed below.  In the course state attached for any transfer courses.  Dept. and Course Title Sem Term (Institution (Gept. and Course No.))  Dept. and Course No. Units Registered (If transfer)  Dept. and Course No. (Gept. and Course No.)  Total UNITS REQUIRED FOR CERTIFICATE:  Total UNITS REQUIRED FOR CERTIFICATE:  Description of Sci 695  Determinents (specify):  Type/Print Last Name Signature Date  Togram/Department Chair (required):  Type/Print Last Name Signature Date  Topcament of fee  Deficial transfer)  Description of Sci 695  Deficial Units Required (Fee For payment of fee  Description of Sci 695  Descriptio		Street			College of	Science & Engineering	
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TOTAL UNITS REQUIRED FOR CERTIFICATE:40					Institutio	n Substitute Course	Grade
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