San Francisco State University

CERTIFICATE APPROVED PROGRAM

Date: _____ Student ID No. _____

Name: _____
Last First Middle

Address: _____
Street

_____
City State Zip

Email Address: _____

Phone Number: _____

Official Certificate Title from *Bulletin*:
Pre-Health Professions Certificate Program (HH 219)

Department offering certificate:
College of Science & Engineering

Undergraduate, Post-Bac

All requirements must be completed within 7 years from the start of the term of the earliest course listed below. Official transcripts are attached for any transfer courses.

Dept. and Course No.	Course Title	Sem Units	Term Registered	Institution (if transfer)	Substitute Course (Dept. and Course No.)	Grade
SCI 695	Health Professions Colloquium	2		---	-----	

TOTAL UNITS REQUIRED FOR CERTIFICATE: 40

The student has demonstrated, in accordance with university policy, an appropriate level of writing competency in the following manner (required): Successful completion of Sci 695

Other requirements (specify): _____

Certificate Advisor (if appropriate): _____ _____ _____
Type/Print Last Name Signature Date

Program/Department Chair (required): _____ _____ _____
Type/Print Last Name Signature Date

Dean of Undergraduate or Graduate Studies:

_____ _____
Signature Date

OFFICIAL USE BY CASHIER
For payment of fee