

**San Francisco State University**  
**CERTIFICATE APPROVED PROGRAM**

Date: \_\_\_\_\_ Student ID No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Official Certificate Title from <i>Bulletin</i>:</b> Pre-Nursing Post-Bac Certificate Program
<b>Department offering certificate:</b> College of Science & Engineering
<b>Undergraduate, Post-Bac</b>

**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
MATH 124	Elementary Statistics					
SCI 124	Math Concepts: Statistics					
SCI 239	Intro to Health Professions					
PSY 431	Developmental Psychology					
CHEM 101	Survey of Chemistry					
CHEM 102	Survey of Chemistry Lab					
BIOL 328	Human Anatomy					
DFM 253	Nutrition in Health & Disease					
BIOL 212	Princ of Human Physiology					
BIOL 213	Princ of Human Physiology Lab					
BIOL 210	Gen Microbiology & Pub Health					
BIOL 211	Gen Microbiology & Pub Health Lab					
SCI 695	Health Professions Colloquium	2		---	-----	

TOTAL UNITS REQUIRED FOR CERTIFICATE: 30

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

<b>OFFICIAL USE BY CASHIER</b> For payment of fee
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