

California State University, San Bernardino  
Office of the Registrar, UH-171  
5500 University Parkway, San Bernardino, CA 92407

**APPLICATION FOR CERTIFICATE PROGRAMS**

**Instructions:** Application fee is \$25.00 by check or money order ONLY. Please complete all required information in the box below. Please remember to include your signature. Submit all copies of this form and the application fee to the Office of the Registrar located in University Hall – 171; or you may mail it to the address listed above. NOTE: This office does not accept cash. Questions regarding certificate programs should be directed to 909-537-5219.

*Please tell us the title of the certificate program you are completing below:*

Certificate Program in \_\_\_\_\_

*Below, please tell us the quarter and year in which you will be completing the certificate program:*

Fall  Winter  Spring  Summer Year \_\_\_\_\_

*Print your name EXACTLY as you want it to appear on your certificate:*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

CID # \_\_\_\_\_ Phone # \_\_\_\_\_ CSUSB EMAIL \_\_\_\_\_  
(Coyote Identification Number)

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**NOTE:** It is the **responsibility of the student** to refile an additional application and fee in the event of a change in name, term or requirements are not completed by the term for which you have filed. Student's initials \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Term Awarded \_\_\_\_\_ Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
Receipt Number \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_