

California State University, San Bernardino
Office of Records, Registration and Evaluations, 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 Records, Registration and Evaluations 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 _____

SID # _____ Phone # _____ EMAIL Address: _____
(Student 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 _____