California State University, Fresno
Division of Research and Graduate Studies
Frank W. Thomas Building, Room 130
5241 N. Maple Avenue, M/S TA51
Fresno, CA 93740

Application for the Award of the Certificate of Advanced Study

Please leave at least one space between names.

NAME (on permanent record at Fresno State):

LAST NAME (space) FIRST NAME (space) MIDDLE

BIRTHDATE:

MO. DAY YR.

STUDENT ID NUMBER:

TERM:

F/SP/SUM YEAR

ADDRESS:

STREET NUMBER (space) STREET NAME (space) APARTMENT

CITY STATE ZIP CODE

TELEPHONE NUMBER:

Area Code

FRESNO STATE EMAIL ADDRESS:

ADVANCED CERTIFICATE TITLE (check one):

- ❒ Adult-Gero Clinical Nurse Specialist
- ❒ Biotechnology
- ❒ Community and Regional Planning
- ❒ Composition
- ❒ Criminal Justice Counseling Specialist
- ❒ Dietetics
- ❒ Educational Technology
- ❒ Geographic Information Systems (GIS)
- ❒ Homeland Security
- ❒ Pediatric Clinical Nurse Specialist
- ❒ Psychiatric Mental Health Nurse Practitioner
- ❒ Research Methods
- ❒ Teaching American History
- ❒ Teaching English to Speakers of Other Languages (TESOL)

Student's Signature **Date**

We have examined the applicant's records and verify that he/she has satisfactorily completed all requirements for the Certificate of Advanced Study, as identified on the approved program.

Department Chair's Signature **Date**

Certificate Coordinator's Signature **Date**