

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.					

GENDER:

M or F

STUDENT ID NUMBER:

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TERM:

F/SP/SUM						YEAR	

ADDRESS:

STREET NUMBER (space)	STREET NAME (space)	APARTMENT

CITY	STATE	ZIP CODE

TELEPHONE NUMBER:

Area Code													

FRESNO STATE E-MAIL ADDRESS:

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ADVANCED CERTIFICATE TITLE (check one):

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| <ul style="list-style-type: none"> <input type="checkbox"/> Adult-Gero Clinical Nurse Specialist <input type="checkbox"/> Biotechnology <input type="checkbox"/> Composition <input type="checkbox"/> Criminal Justice Counseling Specialist <input type="checkbox"/> Dietetics <input type="checkbox"/> Educational Technology <input type="checkbox"/> Geographic Information Systems (GIS) | <ul style="list-style-type: none"> <input type="checkbox"/> Homeland Security <input type="checkbox"/> Interprofessional Collaboration <input type="checkbox"/> Pediatric Clinical Nurse Specialist <input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner <input type="checkbox"/> Teaching American History <input type="checkbox"/> Teaching English to Speakers of Other Languages (TESOL) |
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Student's Signature	Date
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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
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