

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:

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MO. DAY YR.

GENDER:

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M or F

STUDENT ID NUMBER:

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TERM:

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F/SP/SUM YEAR

ADDRESS:

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STREET NUMBER (space)

STREET NAME (space)

APARTMENT

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CITY

STATE

ZIP CODE

TELEPHONE NUMBER:

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Area Code

FRESNO STATE E-MAIL ADDRESS:

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ADVANCED CERTIFICATE TITLE (check one):

- | | |
|---|--|
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Geographic Information Systems (GIS) |
| <input type="checkbox"/> Composition | <input type="checkbox"/> Interprofessional Collaboration |
| <input type="checkbox"/> Criminal Justice Counseling Specialist | <input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Teaching American History |
| <input type="checkbox"/> Educational Technology | <input type="checkbox"/> 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