

Certificate in Sports and Entertainment Facility Management Certificate Application

Name _____ Student I.D. _____

Permanent mailing address (where you can be reached after graduation)

Street _____ Apt _____

City _____ State ____ Zip _____

Phone (current): (____) _____ - _____ (permanent) (____) _____ - _____

Certificate requires 16 units of upper division courses with a grade of “C” or above.

Email: _____

Required	Units	Date of Completion
RLS 150 (F)	3	_____
RLS 152 (S)	3	_____
RLS 154 (S)	4	_____
RLS 115	3	_____
RLS 117	3	_____
Total	16 units	

Students are required to turn in a copy of grade report indicating a passing grade (C or above) in all classes being used to complete this certificate.

For internal use only

Application completed _____ Approved by _____
 Certificate completed _____
 Certificate delivered _____ Date _____