California State University, Fresno
Division of Graduate Studies
Thomas Building, Room 130
5241 North Maple Avenue M/S TA51
Fresno, CA 932740-8027

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: **GENDER:** **STUDENT ID NUMBER:** **TERM:**

MO. DAY YR. M or F F/SP/SUM YEAR

ADDRESS:

STREET NUMBER (space) STREET NAME (space) APARTMENT

CITY STATE ZIP CODE

TELEPHONE NUMBER: **FRESNO STATE E-MAIL ADDRESS:**

Area Code

ADVANCED CERTIFICATE TITLE (check one):

- ❒ Biotechnology
- ❒ Composition
- ❒ Criminal Justice Counseling Specialist
- ❒ Dietetics
- ❒ Educational Technology
- ❒ Interprofessional Collaboration
- ❒ Psychiatric Mental Health Nurse Practitioner
- ❒ 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**