California State University, Fresno
Division of Graduate Studies
Henry Madden Library
Harold Haak Administrative Center, 4th Floor
5200 N. Barton Avenue M/S ML51
Fresno, CA 93740-8014

Time Limit for Completion_____

PROPOSED PROGRAM FOR THE CERTIFICATE OF ADVANCED STUDY

Type or print in ink

Name_____ **Student ID**_____
last first middle previous

Address_____ **Phone**_____
street city state zip

E-mail Address_____

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)

Course of Study (list all the courses you have taken, or will be taking)

COURSE PREFIX, NUMBER, TITLE	INSTITUTION	TERM/YEAR	UNITS	GRADE	*OFFICE USE ONLY*

*Total units required for the certificate*_____

_____ _____
Student Date

_____ _____
Department Chair Date

_____ _____
Coordinator, Certificate of Advanced Study Program Date

Division of Graduate Studies use only

APPROVED BY:_____
Dean, Division of Graduate Studies Date