California State University, Fresno Division of Graduate Studies Frank W. Thomas Building, Room 130 5241 N. Maple Avenue, M/S TA51 Fresno, CA 93740

Application for the Award of the Certificate of Advanced Study

Please leave at least one space between names.		
NAME (on permanent record at Freshold LAST NAME (space)	FIRST NAME (space)	MIDDLE
BIRTHDATE:	STUDENT ID NUMBER:	TERM: F/SP/SUM YEAR
ADDRESS: STREET NUMBER (space) CITY TELEPHONE NUMBER:	STREET NAME (space) STATE FRESNO STATE EMAIL ADDRES	
Area Code ADVANCED CERTIFICATE TITLE (check one):		
 ☐ Biotechnology ☐ Community and Regional Planning ☐ Composition ☐ Criminal Justice Counseling Specialist ☐ Educational Technology ☐ Geographic Information Systems (GIS) 	-	ractitioner
Student's Signature	Date	
We have examined the applicant's record for the Certificate of Advanced Study, as	ds and verify that applicant has satisfactorily co identified on the approved program.	mpleted all requirements

Date

Certificate Coordinator's Signature

Date

Department Chair's Signature