

## **REGISTRAR'S OFFICE**

## **APPLICATION FOR CERTIFICATE**

Anticipated Completion	CINI	
	CIN:	
Term / Year		
NAME: (Please print clearly and be sure to in	dicate special marks (such as accent marks, hypho	enations, capitalization, etc. in your name.)
,	, , , , , , , , , , , , , , , , , , , ,	
(First)	(Middle)	(Last)
MALING ADDRESS:		
(Street)		
(City)	(State)	(Zip Code)
Phone Number:	E-Mail:	
I am applying for a certificate in:		
Attach department/division conversely	a your amail when conding this completed	form to
GraduationOffice@calstatela.edu	o your email when sending this completed	/ /
Department/Division Approval		Date

Dear Certificate Applicant,

Complete the Certificate Application during the term you plan on completing your final requirement for the certificate program.

## **Submission Details:**

- 1. Fill out the application and pay the \$25 fee online via CashNet (commerce.cashnet.com/csulapay).
- 2. Using your <u>CAL STATE LA issued email</u>, attach and email your completed application and <u>copy of receipt</u> to your department/program advisor for approval. Once approved, the department will email the application to the Graduation Office email (<u>GraduationOffice@calstatela.edu</u>) for processing.

The department will send the approved application, program sheet and other necessary paperwork to the Graduation Office email for processing.

The paid application must be turned in no later than the end of your anticipated final term.

Upon completion, your certificate will be sent to the address you specified on your application. Certificates are posted on your academic transcript.