

CERTIFICATE OF COMPLETION REQUEST



<http://www.csub.edu/eud>

Complete this form to receive your certificate when ALL program requirements have been completed. Your certificate will be printed and awarded once all final grades are submitted by instructor(s) and requirements are verified as completed by our office.

(Note: An official copy is printed on certificate paper in color. An unofficial copy is printed on regular paper in black & white.)

First official copy – No Fee Additional copy, unofficial – No Fee Additional copy, official - \$10

CSUB Student ID# or SSN: _____ **Quarter/Year Program Completed:** _____

First Name: _____ M.I. _____ Last Name: _____

Other name(s) used while attending CSUB: _____

Daytime Phone: _____ Email: _____

I want to pick up my certificate

Please mail my certificate to: _____
Address / City, State / Zip

Name as it is to appear on certificate (Please Print Clearly)

I have completed the requirements and am requesting a certificate of completion for the following program(s):

- | | |
|--|--|
| <input type="checkbox"/> Drug and Alcohol Studies | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Occupational Safety & Risk Management | <input type="checkbox"/> Workers' Compensation Law |
| <input type="checkbox"/> Paralegal or Advanced Paralegal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Petroleum Engineering | |

Please allow up to fourteen (14) business days for certificate requests to be processed.

OFFICE USE ONLY			
Received By		Processed By	
Initials:	Date:	Initials:	Date on Certificate:
			Date mailed or picked-up: