

**Instructions**

**Do not hand write - Must be typed**

This form should be used by students who have completed a university-approved advanced (post-baccalaureate or post-master's) certificate program. Certificate programs that meet these specifications will then appear on the official transcript and university-issued certificate. The university requires a minimum GPA of 3.0 on the program as a whole for the certificate to be awarded. In addition, students should be aware of possible additional grade requirements imposed by the program itself, such as minimum grades in each course. Course substitutions, deletions, additions, or transfers from another university are not permitted with the exception of substitutions for courses shared by certificate programs when a student takes more than one. Only 4 units of "C" and 0 units of less than "C" coursework can be applied toward a certificate. Only 4 units of an entire program can be repeated (and can be repeated a single time only). If a course is repeated, both grades will be used in the computation of program GPA.

This completed form should be emailed to the appropriate GAPE evaluator (see [www.sjsu.edu/gape/about\\_us/staff](http://www.sjsu.edu/gape/about_us/staff)), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

**Student Information**

Last Name \_\_\_\_\_ First Name, M.I. \_\_\_\_\_  
 Student ID \_\_\_\_\_ Previous Name (if any) \_\_\_\_\_  
 Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Certificate Program Courses**

Name of Certificate Program \_\_\_\_\_

Date of Completion of Certificate Program \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

**List All Courses Required in the Program**

Dept. and Number	Title	Semester	Units	Grade	Semester/Year Completed

List any special requirements of the program, such as that for a "B" grade in every class.

**Required Signatures**

Student

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Certificate Program Director

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE**

GAPE Evaluator

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_