

# **Certificate Samples**

**Notification of Certificate Program Completion Sample**

**Notification of Completion of Advanced Certificate Program Sample**

**Academic Certificate Sample**

**Cosponsored Certificate Sample**

**College of Extended Studies Certificate Samples**

**Certificate of Appreciation, Participation,  
or Recognition Sample**

(For Basic Certificates, contact Mary Bell [extension 44903] or Diane Burgraff [extension 44900], Office of the Registrar.)

(For Professional Certificates, contact Tamara McLeod, Executive Director of Professional Development, College of Extended Studies, extension 45640.)



TO: Registrar, Office of the Registrar

FROM: \_\_\_\_\_

RE: Notification of Certificate Program Completion\*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Other names under which records might be listed:  
\_\_\_\_\_

RedID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YYYY*

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

Code: \_\_\_\_\_

Date Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YYYY MM DD YYYY*

Matriculated student at SDSU?  Yes  No

Verification that all requirements were successfully completed:

Verified by: \_\_\_\_\_  
*Certificate Program Coordinator Signature*

Academic Unit: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YYYY*

\*Send completed form to the Office of the Registrar in order for the certificate completion to be recorded on the student's academic record.

Distribution:  
White—Office of the Registrar  
Yellow—Department  
Pink—Student

Date Posted: \_\_\_\_\_

Initials: \_\_\_\_\_

Enrollment Services, 2010

**SAN DIEGO STATE UNIVERSITY**  
 Graduate and Research Affairs  
 Division of Graduate Affairs

**Notification of Completion of Advanced Certificate Program**

Type or Print

Last Name _____	First _____	MI _____	Red ID # _____
Street Address _____		Apt. No. _____	Local Telephone No. _____
City _____	State _____	Zip Code _____	

**Status of Student:**    **Matriculated at SDSU** \_\_\_\_\_    **Extended Studies** \_\_\_\_\_

**Name of Advanced Degree Program** \_\_\_\_\_

**COURSES COMPLETED TO MEET REQUIREMENTS**

Dept./Course No.	Title	Units	Grade	Institution

Department examination required: Yes     No     If yes, date passed \_\_\_\_\_

Program completed on \_\_\_\_\_ . I verify that all requirements have been successfully completed.

_____	_____
<i>Certificate Program Director Signature</i>	<i>Date</i>

**Graduate Division:**

**Admission and Records:**

\_\_\_\_\_ Copy to Admissions and Records  
 (Date) to post certificate

\_\_\_\_\_ Name of Advanced Certificate to be Posted:  
 \_\_\_\_\_

\_\_\_\_\_ Certificate Ordered  
 (Date)

\_\_\_\_\_ Dates awarded

\_\_\_\_\_ Graduate Dean/Designee Signature    \_\_\_\_\_ Date

\_\_\_\_\_ Posted by Date

**[ACADEMIC CERTIFICATE SAMPLE]**

(For Basic Certificates, contact contact Mary Bell [extension 44903] or Diane Burgraft [extension 44900], Office of the Registrar.)

(For Advanced Certificates, contact Cristina Sanchez, Division of Graduate Affairs, extension 41356.)

(For Professional Certificates, contact Tamara McLeod, Executive Director of Professional Development, College of Extended Studies, extension 45640.)

# SAN DIEGO STATE UNIVERSITY

HEREBY AWARDS AN ACADEMIC CERTIFICATE TO

IN RECOGNITION FOR THE SATISFACTORY COMPLETION  
OF REQUIREMENTS LEADING TO A CERTIFICATE IN



DIRECTOR

PROVOST  
SAN DIEGO STATE UNIVERSITY



THE UNIVERSITY OF CALIFORNIA, SAN DIEGO  
AND  
SAN DIEGO STATE UNIVERSITY



Award this certificate to

in Recognition of Satisfactory Completion  
of Training as a Resident in

PREVENTIVE MEDICINE

from

through

Given at San Diego this

two thousand

Chancellor  
University of California, San Diego

Vice Chancellor, Health Sciences  
Dean, School of Medicine  
University of California, San Diego

Chair, Department of Community  
and Family Medicine  
University of California, San Diego

President  
San Diego State University

Dean, College of Health  
and Human Services  
San Diego State University

Director, Graduate School of Public Health  
San Diego State University

Director, General Preventive Medicine Residency  
San Diego State University

[COSPONSORED CERTIFICATE PROGRAM SAMPLE]



SAN DIEGO STATE UNIVERSITY

College of Extended Studies

never stop learning

# SAN DIEGO STATE UNIVERSITY

hereby awards an Academic Certificate to

*Student Name*

in recognition for the satisfactory completion of requirements leading to a certificate in

*Contract Management*

Dated this 29th day of June, 2006

\_\_\_\_\_  
President, San Diego State University

\_\_\_\_\_  
Dean, College of Extended Studies



SAN DIEGO STATE  
UNIVERSITY

College of  
Extended Studies

*never stop learning<sup>sm</sup>*



SAN DIEGO STATE  
UNIVERSITY

College of  
Extended Studies

*never stop learning*

*hereby awards this  
Certificate of Completion  
to*

*Student Name*

*in recognition of completing the  
Professional Certificate Program in*

*Marketing and Media Specialist*

*Given this 29<sup>th</sup> day of June 2006, San Diego, California*

\_\_\_\_\_  
*Director, Certificate Programs*

\_\_\_\_\_  
*Dean, College of Extended Studies*

*SDSU Research Foundation Program*

[CONTACT SDSU REPROGRAPHIC SERVICES FOR CERTIFICATE OF APPRECIATION, PARTICIPATION, OR RECOGNITION]



SAN DIEGO STATE  
UNIVERSITY