



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

PETITION FOR CERTIFICATE OF ACADEMIC ACHIEVEMENT

Upon completion of your last course in an academic credit certificate program, this form must be completed and submitted to the College of Continuing Education. You may either fax the form to (916) 278-7776, submit it in Napa Hall, or mail to the College of Continuing Education, Sacramento State, Attn: Credit Registration Services, 3000 State University Dr. East, Sacramento, CA 95819.

Once completion of all classes has been verified, you will receive your certificate and your record will be updated to note the completion of an academic credit certificate program on your official Sacramento State transcript. A copy of your unofficial transcript may be downloaded on MySacState (<http://www.my.csus.edu/>).

Name (Last, First, Middle Initial) _____ Sac State ID _____ Date of Birth _____

Address (Street, City, State, Zip) _____

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Home phone _____ Work phone _____ E-mail _____

Name of certificate program: _____

Number of courses completed: _____ Date of last course completed: _____

Name as you would like it to appear on certificate: _____

If you would like a letter of commendation regarding your certificate of academic achievement included with your certificate, please provide the following information:

Employer name _____ Title _____ Company/Agency _____

Address (Street, City, State, Zip) _____

Signature (by signing you are authorizing the release of personal academic information to the employer listed above) _____ Date _____

For Office Use Only

Number of Academic Credits Awarded: _____ GPA (CABS Only): _____

Month/Year of Completion: _____

Program Name (as it is to appear on certificate) _____ Program Unit Signature _____ Date _____

Date Certificate Posted (CRS Staff Only): _____