Request for Certificate of Participation



Prior to completing the last course of your certificate program, submit this form to the College of Continuing Education at Sacramento State. After the College of Continuing Education has verified completion of all required courses, you will receive a Certificate of Participation and an official Continuing Education Units/Hours CEU transcript. Upon request, an official letter of program completion will be sent to the employer, supervisor, personnel manager or association identified on the bottom portion of this form.

Processing of certificate will take approximately 4-6 week upon submission of this form or completion of the certificates program.

Name (Last, First, Middle Initial)		Date		
Address	City	State	Zip	
Home Phone	Work Phone	E-mail		
Name of Certificate Program:				
Expected program completion dat	e: mo/y	vear .		
Name as you would like it to app	ear on certificate:			
If you would like a letter of comme manager or association please pr	endation regarding your certificate co ovide the following information.	ompletion sent to your empl	oyer, supervisor, personne	
Employer Name	Title	Company/Agency		
Address	City	State	Zip	
Signature (By signing you are authorizing the release	Date se of personal academic information to the employer listed above.)			
•	to: Sacramento State, College of Co rive East, Sacramento CA 95819-610	•	-	
OFFICE USE ONLY				
# of CEUs awarded Month/year of	of completion Program Nar	ne (As it is to appear on certificate)		

Date

 $Request Cert Completion Form \underline{\ 2012.indd}$

Program Unit Signature