

Request for Certificate of Participation



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Prior to completing the last course of your certificate program, submit this form along with a nonrefundable \$35 processing fee 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 your employer, supervisor, personnel manager or business association identified on the bottom portion of this form.

You will also receive an invitation for you and a guest to attend the Annual Certificate Program Awards Ceremony. In order to be assured of participating in this years ceremony, your Request for Certificate of Participation form and fee should be submitted by April 30. Participants completing certificate program courses after April 30, but before August 31, are still eligible to participate in the ceremony. Please list the courses that will be completed between April 30 and August 31 on the form below.

Please complete the following form:

Name (Last, First, Middle Initial) _____ Date _____

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: _____

Courses to be completed before August 31: _____

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

If you would like a letter of commendation regarding your program completion sent to your employer, supervisor, personnel manager or association please provide the following information.

Employer Name Title Company/Agency

Address City State Zip

Signature Date

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

My nonrefundable \$35 processing fee is enclosed: Check (payable to Sacramento State) Visa/MC/Discover (CCE only accepts Visa, MC and Discover)

_____ Exp. date: ____ / ____ _____

Card Number Signature

Submit the completed form with the \$35 processing fee to: Sacramento State, College of Continuing Education, Information and Registration Services, 3000 State University Drive East, Sacramento, CA 95819-6103. **Do not email or fax this form.**

OFFICE USE ONLY <input type="checkbox"/> Paid
_____ # of CEUs awarded
_____ Month/year of completion
_____ Program Name (As it is to appear on certificate)
_____ Program Unit Signature
_____ Date