

Certificate of Completion Form

CALTRANS PROJECT MANAGEMENT CERTIFICATE PROGRAM

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

Phone: _____ E-mail Address: _____ Fax: _____

Supervisor: _____ District: _____

Mailing Address: _____

City/State/Zip: _____

Employee ID#: _____

Course Title	Hours	GPM Number	Date Taken	CSUS Use Only
Project Management Concepts and Workings**	48	GPM043		
Project Quality Management	8	GPM024		
Project Human Resource Management	16	GPM039		
Project Communication Management	12	GPM009		
Project Risk Management	12	GPM010		
Project Procurement Management	24	GPM040		
Ethics for Capital Projects	2	GPM033		
Application of Project Management Fundamentals	24	GPM041		

Request for Transfer of Credit (see approved list*)				CSUS Use Only
Course Name	Hours	GPM Number	Date Taken	

Verified, CEU Registrar _____ Date: _____

After completing the form, fax to Robert White at (916) 654-4097

* Students may transfer up to 3 courses, but no more than 46 hours.

**This course can be waived if students have successfully completed both *Introduction to Project Management* (GPM017) and *Project Scope, Schedule and Cost Management* (GPM026) which are no longer offered.



SACRAMENTO STATE
 COLLEGE OF CONTINUING EDUCATION

