



SAN DIEGO STATE UNIVERSITY

College of Extended Studies

REQUEST FOR CERTIFICATE PROFESSIONAL DEVELOPMENT

To be completed after enrolling in last required course

STUDENT INFORMATION

Full Name (Mr./Ms./Mrs./Miss/Dr.) _____
Address _____ City _____ State ____ Zip _____
Daytime Phone _____ SDSU Red ID# _____
Program Name _____
Date of Last Class _____ Courses Waived _____

EMPLOYER INFORMATION (optional: please complete if you would like a letter mailed to your employer)

Supervisor Name (Mr./Ms./Mrs./Miss/Dr.) _____
Title _____ Company _____
Address _____ City _____ State ____ Zip _____

Return completed form to:

Fax: (619) 594-8566

Email: certs@mail.sdsu.edu

Mail: Certificate Requests PD, College of Extended Studies, 5250 Campanile Drive, San Diego, CA 92182-1924

For Office Use Only

Notes

Four horizontal lines for notes

Database []
Student Letter []
Employer Letter []
Certificate []
Date Completed _____
Completed By _____