



CERTIFICATE OF STUDY APPLICATION

(please print)

Name _____ Date _____

Address _____ HSU-ID # _____

City _____ State _____ Zip _____ Local Phone # _____

Name of Certificate of Study program _____

Name of faculty program leader _____

Expected date of completion: Semester _____ Year _____

Please print your name as it should appear on your certificate. _____

Certificate mailing address* _____

City _____ State _____ Zip _____

* Please note: Certificate mailing address should be a permanent address to which the certificate will be mailed after completion of requirements. If name and/or mailing address change, notify the Office of the Registrar, Student & Business Services, 1 Harpst Street, Arcata, CA 95521-8299; 707-826-4101. The Summary of Certificate of Study Credits will be mailed to your local address.

Please check where appropriate:

_____ Initial application for Certificate of Study

_____ Revision:

_____ Change of expected date of completion

_____ Name change

_____ Address change: local or certificate mailing

_____ Other: _____

For office use only:

Date coded _____ Initials _____