

CERTIFICATE COMPLETION FORM**ACTION ITEMS:**

1. Please track your courses to complete this form.
2. Please save completed form as a PDF and rename the form: Term.Certificate Completion Form.CertificateProgramType.YourFirstName LastName Ex: 2023SP.Certificate Completion Form.MR Certificate.Mary Learner
3. Email completed form to Registrar@sksm.edu, and cc: Certificate Program Director.
4. The registrar will obtain the necessary signatures.

Student Legal Name: _____

Academic Year: _____ Term: Fall Spring

Certificate Program(s): _____

The Director of your Certificate program will review your courses listed below and certify your completion of the Certificate program.

Please list your four courses (12 units) here:

Course #1 Name/Code (3 units): _____

Course #2 Name/Code (3 units): _____

Course #3 Name/Code (3 units): _____

Course #4 Name/Code (3 units): _____

Signatures:

Certificate Director: _____ Date: _____

Dean of the Faculty: _____ Date: _____

Student Accounts Manager: _____ Date: _____

Registrar: _____ Date: _____