



UCIRVINE | EXTENSION

REQUEST FOR CERTIFICATE

Date _____

Current Quarter _____

The course in which I am now enrolled is the last one to be completed before I am eligible to receive the certificate in:

Certificate _____

Name _____
(Please print your name as you would like it to appear on your certificate)

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email Address _____

Last 4 Digits of Social Security # or Student ID# _____

This form must be submitted prior to completion of your final course. If you have not submitted your application for candidacy along with the \$125 filing fee, please contact the Student Services Office at (949) 824-5414. Please allow 2 weeks for processing from the time the instructor submits the grades.

If you would like us to notify your employer you've completed your requirements, please complete this section:

Supervisor Name (Mr. or Ms.) _____

Company _____

Address _____
Street City State Zip

Supervisor's Email _____

Mail or Fax To:

UC Irvine Extension
PO Box 6050
Irvine, CA 92616-6050

(949) 824-2090 fax