

**UC Irvine Extension
Certificate Program in Environmental Management**

REQUEST FOR CERTIFICATE

DATE: _____

University of California, Irvine Extension
Programs in Engineering & Science Technologies
P.O. Box 6050
IRVINE, CA 92616-6050
FAX (949) 824-1220

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

I have submitted my Application of Candidacy.

Name: _____

Name to be inscribed on certificate- PLEASE PRINT

Certificate to be mailed to: _____

Number and Street

City

State

Zip

Daytime Phone

Social Security Number

Signature

* Name of course in which you are now enrolled:

**PLEASE DO NOT SUBMIT THIS FORM UNLESS YOU ARE ACTUALLY ENROLLED
IN YOUR FINAL COURSE AND IT HAS STARTED.**