

UNIVERSITY OF CALIFORNIA, IRVINE

**UNIVERSITY EXTENSION
SPECIALIZED STUDIES
CERTIFICATE REQUEST FORM**

Date: _____

Current Quarter: _____

*The course in which I am now enrolled is the last course in the Specialized Studies program in:

SPECIALIZED STUDIES:

Name: _____

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

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Social Security or Student ID Number: _____

If you have not submitted the application for candidacy fee, please complete the payment method below. Please allow 7-10 days for processing from the time the instructor submits the grades.

Payment Method

MY CHECK FOR \$35 IS ENCLOSED (Payable to Regents of University of California).

CHARGE TO: VISA MASTERCARD AMERICAN EXPRESS

ACCOUNT NUMBER: _____

EXP DATE: _____

AUTHORIZED SIGNATURE: _____

Mail or Fax To:

University of California, Irvine
University Extension
PO Box 6050, Irvine, CA 92616-6050
FAX (949) 824-2090