



College of San Mateo Certificate Application

TO BE AWARDED: ___ Fall ___ Spring ___ Summer _____ Year

Print Name: _____ Student ID No.: ___ - ___ - ___

Address where certificate should be mailed: _____
No. Street City State Zip

Certificate will be mailed approximately three to four months after last day of classes

Current Address if different from above: _____

Day Telephone Number: _____ Cell Phone Number _____

Name to be inscribed on certificate: _____
Print Clearly: First Name Middle Name Last Name

First and Last Name MUST be as it appears on your CSM transcript

Years Attended CSM: _____ Assigned Counselor/Advisor _____

Name of Certificate: _____

Option: _____

** Please note that if you attended other Institutions and wish to use those courses to fulfill the certificate requirements, you must send Official Transcripts to Admissions office along with Approved Course Substitution forms.

Previous Colleges Attended:
(All Transcripts must be on file at CSM)

_____ From ___/___ to ___/___
_____ From ___/___ to ___/___
_____ From ___/___ to ___/___
_____ From ___/___ to ___/___

Have you submitted Course Substitution Forms to our office: _____
If yes, for which course(s) _____

I understand that most certificates require a minimum C grade in all courses towards the certificate.

Application reviewed by: _____
Counselor/Advisor Student Signature Date