

**Certificate Program Application
(Side A)**

Student Information (Please Print Clearly)

Last Name	First Name	Middle Initial	NetID or SSN
Street Address			Birth Date
City	State	Zip	Country
Day Phone	Evening Phone	E-mail	

Veteran

Certificate Options (Please Select only **One** Program)

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts Management Career Development | <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Paralegal Studies†* |
| <input type="checkbox"/> Art Museum/Gallery Studies†* | <input type="checkbox"/> Integrated Energy Solutions | <input type="checkbox"/> Project Management* |
| <input type="checkbox"/> Biomedical Quality System* | <input type="checkbox"/> International Business* | <input type="checkbox"/> Power Engineering |
| <input type="checkbox"/> Chemical Dependency†*
<input type="checkbox"/> CAADAC <input type="checkbox"/> State <input type="checkbox"/> Certificate | <input type="checkbox"/> Java Programming* | <input type="checkbox"/> Supply Management:
<input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Executive* |
| <input type="checkbox"/> Construction Management* | <input type="checkbox"/> Linux/Unix Administration* | <input type="checkbox"/> Quality Management* |
| <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> .NET Programming* | <input type="checkbox"/> Regulatory Affairs* |
| <input type="checkbox"/> Engineering Management* | <input type="checkbox"/> Networking & Data Communications* | <input type="checkbox"/> TESOL* |
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Nonprofit Management* | <input type="checkbox"/> Web Programming* |
| | <input type="checkbox"/> Online Teaching and Learning* | |

† Please see additional required information on the reverse side of this form.

* Certificate options approved for VA benefits

Payment Options (Check one Box)

- Personal Check/Money Order (Payable to CSUEB) Paid by Employer: **Attach** either Company/Agency Check or Employer Purchase Order. Employer address information must be provided below.
- Visa or MasterCard#: _____ Expiration Date: _____
- PRINT Cardholder Name: _____ Cardholder Signature: _____

Employer	Employer Address		
City	State	Zip	County

Please enclose a separate payment of \$45 with this completed form. This is a one-time, non-refundable application fee.

Certificate Program Application (Side B)

Admission Requirements

Art Museum/Gallery Studies Certificate Program

Must have permission to apply. Please contact program director Lanier Graham at (510) 885-3299 or lanier.graham@csueastbay.edu.

Chemical Dependency Studies Certificate Program

An associate degree or an equivalent number of college units (84 quarter units or 56 semester units) and one year of sobriety are required for admission.

Degree: _____ Major: _____ College/University: _____
Number of units completed: _____ Quarter: _____ Semester: _____

Please enclose an official transcript of college record or a photocopy of diploma or degree.

Paralegal Studies Certificate Program

Completion of 80 quarter units or 53 semester units of academic college credit is required for admission. Of the 80 units, 27 quarter/18 semester units must be in the area of liberal studies (general education).

Degree: _____ Major: _____ College/University: _____
Number of units completed: _____ Quarter: _____ Semester: _____

Please enclose an official transcript of college record (photocopies are not accepted) and a statement of personal objectives for entering the program.

TESOL Certificate Program

A four-year bachelor's degree and some knowledge of a second language are required for admission.

Please enclose copy of official transcript showing proof of your Bachelor's Degree.

Submit Applications to:

Mail: Division of Continuing and International Education
California State University, East Bay
25800 Carlos Bee Boulevard, SA 1700
Hayward, CA 94542-3012

Check program details for admission deadlines.