



CERTIFICATE COMPLETION FORM

The Director of your Certificate program will review your courses listed below and certify your completion of the Certificate program. Please list your four courses (12 units) here:

Course #1 Name/Code (3 units):

Course #2 Name/Code (3 units):

Course #3 Name/Code (3 units):

Course #4 Name/Code (3 units):

Student Legal Name:

Student Populi Barcode:

Certificate Completion Information:

Academic Year: _____

Term (Check): _____ Fall _____ Spring

Certificate Program(s): _____

Signatures:

Certificate Director: _____ Date: _____

Dean of the Faculty: _____ Date: _____

Student Accounts Manager: _____ Date: _____

Registrar: _____ Date: _____

****Students must save the completed form as a PDF and rename the form:**

Term.Certificate Completion Form.CertificateProgramType.YourFirstName LastName
Ex: 2023SP.Certificate Completion Form.MR Certificate.Mary Learner

Then email the completed form to registrar@sksm.edu, and cc the certificate program director. The Registrar will obtain the necessary signatures and process the form.