

# Certificate Request Form

**Use this form when you have completed all the requirements of your certificate program and have paid your candidacy fee. If you have not declared your candidacy and submitted the \$125 filing fee, please visit [extension.uci.edu/forms](http://extension.uci.edu/forms). Please allow up to 4 weeks for certificate processing after final grades have been verified.**

**PROGRAM COMPLETED:**

Name: \_\_\_\_\_  
(Please print your name as you would like it to appear on your certificate.)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 digits of SSN or Student ID#: \_\_\_\_\_

**(OPTIONAL) IF YOU WOULD LIKE US TO NOTIFY YOUR EMPLOYER THAT YOU'VE COMPLETED YOUR PROGRAM, PLEASE COMPLETE THIS SECTION:**

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Gender:      Female      Male

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mail, email or fax this form to:

UCI Division of Continuing Education Records Office  
PO Box 6050  
Irvine, CA 92616-6050  
Fax: (949) 824-2090  
Email: [records@unx.uci.edu](mailto:records@unx.uci.edu)