

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. 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