



**COLLEGE OF ENGINEERING AND COMPUTER SCIENCE**  
*Application for Undergraduate Level Certificate of Academic Achievement in*  
**INFORMATION ASSURANCE AND SECURITY**

**I. Student Information (Student, please complete this section)**

Name (Last, First, MI): \_\_\_\_\_ Sac State ID: \_\_\_\_\_

Address (Certificate will be mailed to this address):  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Completed Program (Student, please complete this section)**

Required Courses	Semester Completed	Grade	Substitution/Waiver	Semester Completed	Grade
CSc 152	_____	_____	_____	_____	_____
CSc 153	_____	_____	_____	_____	_____
CSc 154	_____	_____	_____	_____	_____

**Student Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**III. Verification and Approval of Completion of Certificate Program (College Use Only)**

I hereby certify that all requirements have been completed and that the Undergraduate Certificate in Information Assurance and Security shall be awarded.

Courses verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Use Only. Career: _____ Col: _____ Code: _____ Posted to Transcript (date): _____ By: _____
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**Distribution:** Copies to Student, Program Coordinator, College Dean, Registrar