

Application for Undergraduate Level Certificate of Academic Achievement

*** Please attach unofficial Sac State transcript ***

I. Student Information

Name _____ Sac State ID _____

Last
First
M.I.

Mailing Address _____

Street Name
City
State
Zip

Day Phone _____ E-Mail _____

II. Completed Program:

- Cyber Defense and Operations Information Assurance & Security
 Game Engineering Systems Software Software Engineering

III. Courses Completed - select all that apply to the program completed

Semester Completed	Grade	Semester Completed	Grade	Semester Completed	Grade
<input type="checkbox"/> CSC 142	_____	<input type="checkbox"/> CSC 154	_____	<input type="checkbox"/> CSC 174	_____
<input type="checkbox"/> CSC 143	_____	<input type="checkbox"/> CSC 155	_____	<input type="checkbox"/> CSC 176	_____
<input type="checkbox"/> CSC 148	_____	<input type="checkbox"/> CSC/CpE 159	_____	<input type="checkbox"/> CSC 177	_____
<input type="checkbox"/> CSC 151	_____	<input type="checkbox"/> CSC 165	_____	<input type="checkbox"/> CSC 179	_____
<input type="checkbox"/> CSC 152	_____	<input type="checkbox"/> CSC 170	_____	<input type="checkbox"/> CSC 180	_____
<input type="checkbox"/> CSC 153	_____	<input type="checkbox"/> CSC 171	_____	<input type="checkbox"/> ART 142/143	_____

Student Signature: _____ Date of Application: _____

IV. Verification & Approval of Completion of Certificate Program (For Office Use Only)

I hereby certify that all requirements have been completed and that the Undergraduate Certificate selected in Sec. II above shall be awarded.

Courses verified by: _____ Date: _____

Department Chair's Signature: _____ Date: _____

College Dean's Signature: _____ Date: _____

Registrar's Office Use Only Career: _____ Col: _____ Code: _____ Posted to Transcript (date): _____ By: _____