

CERTIFICATE OF STUDY APPLICATION

Date _____

Name _____

Humboldt ID: _____

Phone _____

Humboldt Email _____

Example abc123@humboldt.edu

Name of Certificate of Study program _____

Name of the faculty program leader _____

Expected date of completion:

Fall Spring Summer Year: _____

This application initiates a Certificate of Study Check, which will be sent to you via your university email. A copy will also be sent via email to your faculty program leader.

Once awarded, the Certificate of Study will be mailed to your permanent (home) address. Please log into your Student Center to verify and/or correct your permanent (home) address.

Is this your initial application for the Certificate of Study? Yes No

If this is a revision to the initial application for the Certificate of Study, please select all of the following that apply:

Change of expected date of completion

Other: _____

Please return completed form to:
Cal Poly Humboldt
Office of the Registrar
1 Harpst Street, SBS 133
Arcata, CA 95521-8299

For office use only.

Date Coded _____

Initials _____