

NOTIFICATION OF CERTIFICATE AWARD

(To be used for SFASU Issued Certificates Only)

Student: _____
Last First Middle

Student ID #: _____

Certificate Awarded By:

College: _____ **Department:** _____

Certificate Name: _____

Date of Award (must be the last day of award term): _____

Required Signatures:

Dept. Head Signature Date

Dept. Head Printed Name

Dean Date

Dean Printed Name