



San José State
UNIVERSITY

Department of Mechanical & Aerospace Engineering

**Application for Advancement to
Candidacy for a Certificate**

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

SSN: _____ Home Phone: _____

Email: _____ Daytime Phone: _____

Student Signature: _____ Date: _____

Certificate Program: _____

Course No.	Description	Semester	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Date Applied for Candidacy: _____

Date Fees Paid: _____

Approved for Candidacy by Director of
Professional Development and Certificate Programs _____ Date: _____