



San José State
UNIVERSITY

Department of Mechanical & Aerospace Engineering

Certificate Program Application

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

Address: _____

SSN: _____ Home Phone: _____

Email: _____ Daytime Phone: _____

Certificate Program: _____

Educational Experience:

Degree	Year	School/College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:

Job Title	Period	Company Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your goals in enrolling in this Certificate Program? _____

Student Signature: _____ Date: _____

Please mail your application along with a \$50 application fee to:

Professional Development and Certificate Program
Mechanical & Aerospace Engineering Department
San Jose State University
One Washington Square
San Jose, CA 95192-0087