



Discovery. Diversity. Distinction.

The Professional Accounting Certificate Program Application Form

Department of Accountancy

(559) 278-2852

PLEASE PRINT

Name: _____ ID #: _____
Last First Maiden or Middle

E-mail Address: _____ Phone Number: _____

Declared Major(s): _____

Semester: _____ Year: _____ Total Number of Units Completed: _____

By signing below, you declare your intent to complete the required coursework for receiving the Professional Accounting Certificate.

Student Signature _____ Date _____

Approved: _____
Program Coordinator or Department Chair's Name Program Coordinator or Department Chair's Signature Date