



Information Systems and  
Decision Sciences

# Certificate in Data Analytics

## Application Form

Send to

csbstusupport@mail.fresnostate.edu

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle

Email \_\_\_\_\_ Phone \_\_\_\_\_

Declared Major \_\_\_\_\_ Option \_\_\_\_\_

Current  
Standing \_\_\_\_\_ Units \_\_\_\_\_  
(e.g. junior senior) (i.e in current major)

Expected Certificate Completion  
Semester \_\_\_\_\_ Year \_\_\_\_\_

By signing below, you declare your intent to complete the required course  
work for receiving the Certificate in Data Analytics.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Department Chair's Name Department Chair's Signature