FRESNO STATE
Information Systems and Decision Sciences

Certificate in Data Analytics

Application Form

Send to isds@mail.fresnostate.edu

Name _____ _____ _____ ID# _____
Last First Middle

e-Mail _____ 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