



Information Systems and
Decision Sciences

Certificate in Artificial Intelligence in Business

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 Artificial Intelligence in Business.

Student Signature _____ Date _____

Approved _____ Date _____
AI Certificate Coordinator Coordinator Signature