

**San Francisco State University
CERTIFICATE APPROVED PROGRAM**

Updated 3/16

Date: _____ Student ID No. _____

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Email Address: _____

Phone Number: _____

Accepted to Autism Spectrum Certificate Program
Admission reviewed and approved by:
Yvonne Bui, Graduate College of Education
Effective Term: _____ Date: _____
Graduate <input type="checkbox"/>

All requirements must be completed within 7 years from the start of the term of the earliest course listed below

Dept. and Course No.	Course Title	Units Required	Units Completed	Term Registered	Institution (if transfer)	Grade
Course Requirements:						
SPED 791	Nature of Autism Spectrum Disorders	3	3			
SPED 825	Behavior and Instructional Supports: Autism	3	3			
SPED 794	Communication, Socialization and Imagination: Autism	3	3			
Elective Course (3 Units):						
Total for entire program		12				

The student has demonstrated, in accordance with university policy, an appropriate level of writing competency in the following manner (required):

- Written examination prepared by program area
 Other, specify: _____

Other requirements/Approved Substitutions (specify): _____

Program/Department Chair (required): _____
Type/Print Last Name Signature Date

Dean of Graduate Studies:

Signature Date

OFFICIAL USE BY CASHIER For payment of fee

[Type text]