San Francisco State University
CERTIFICATE APPROVED PROGRAM

Updated: July 2017

Date: _____ Student ID No. _____

Name: _____
Last First Middle

Address: _____
Street

_____
City State Zip

Email Address: _____

Phone Number: _____

Accepted to **Inclusive Early Childhood Practices** Certificate Program

Admission reviewed and approved by:

_____
Department Chairperson

Effective Term: _____ **Date:** _____

Graduate ☐

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:						
EED 708 or EED 709		3	3			
EED 721 or EED 850, or EED 878		3	3			
SPED 737 or SPED 738		3	3			
SPED 777 or SPED 780, or SPED 779		3	3			
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