



## CERTIFICATE APPROVED PROGRAM

**Submission Process Notes:**

1. CAP forms are due by December 15 for Fall or June 15 for Spring or August 15 for summer award of certificate. Late submission will cause a delay of award of certificate or you may be considered for the next term.
2. Paper certificate will be mailed to your mailing address on record. For instructions to update your mailing address, please visit <https://cms.sfsu.edu/content/student-center>
3. Pay for the CAP form through the Gateway- Student Center. Instructions to pay online can be found here: <https://grad.sfsu.edu/content/pay-graduate-fees-online>

Date: \_\_\_\_\_ Student ID No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last                      First                      Middle

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Official Certificate Title from Bulletin:</b>
<b>Autism Spectrum</b>
<b>Department offering certificate:</b>
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
<b>Course Requirements:</b>						
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			
<b>Elective Course (3 Units):</b>						
<b>Total for entire program</b>		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): \_\_\_\_\_

**Certificate Advisor** (if appropriate): \_\_\_\_\_  
Type/Print Last Name                      Signature                      Date

**Program/Department Chair** (required): \_\_\_\_\_  
Type/Print Last Name                      Signature                      Date

**Division of Graduate Studies:**

\_\_\_\_\_  
 Signature    Date

**Please include a proof  
For payment of fee**