



## 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: \_\_\_\_\_

Accepted to Ethical Artificial Intelligence Certificate Program
<b>Admission reviewed and approved by:</b>
_____
<b>Department Chairperson</b>
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
<b>Course Requirements:</b>						
CSC 869 or CSC 872 or PHIL 827		3				
MGMT 850		3				
PHIL 828 or PHIL 855		3				
CSC 899 or MGMT 899 or PHIL 899		1				
Total for entire program		10				

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**