



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: _____

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|--|
| Official Certificate Title from Bulletin: Inclusive Early Childhood Practices |
| Department offering certificate: |
| 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: | | | | | | |
| 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): _____

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 attach a proof
For payment of fee**