

**CERTIFICATE OF STUDY APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Humboldt ID: \_\_\_\_\_

Phone \_\_\_\_\_

Humboldt Email \_\_\_\_\_

Example abc123@humboldt.edu

Name of Certificate of Study program \_\_\_\_\_

Name of the faculty program leader \_\_\_\_\_

Expected date of completion:

Fall      Spring      Summer      Year: \_\_\_\_\_

*This application initiates a Certificate of Study Check, which will be sent to you via your university email. A copy will also be sent via email to your faculty program leader.*

*Once awarded, the Certificate of Study will be mailed to your permanent (home) address. Please log into your Student Center to verify and/or correct your permanent (home) address.*

Is this your initial application for the Certificate of Study?      Yes      No

If this is a revision to the initial application for the Certificate of Study, please select all of the following that apply:

Change of expected date of completion

Other: \_\_\_\_\_

Please return completed form to:  
Cal Poly Humboldt  
Office of the Registrar  
1 Harpst Street, SBS 133  
Arcata, CA 95521-8299

***For office use only.***

Date Coded \_\_\_\_\_

Initials \_\_\_\_\_