



# GOLDEN GATE UNIVERSITY

## OFFICE OF THE REGISTRAR

### CERTIFICATE OF COMPLETION REQUEST

Use this form to request a certificate of completion for certificate programs only. **(Do not use this form to apply for graduation from a degree program.)** Please allow four to six weeks for delivery following the completion of the program's requirements.

To request a certificate of completion, this form may be completed and signed digitally by downloading the file to a computer, entering information, saving it, attaching it to an email message, and sending it to [graduation@ggu.edu](mailto:graduation@ggu.edu). This form can also be sent with payment to: Golden Gate University, Office of the Registrar, 536 Mission Street, San Francisco, CA 94105-2968; or fax it to **415-442-7223**.

If you are uncertain about the exact requirements of title of the certificate you are seeking, please consult your academic advisor, or the academic catalog for the academic year you began the program.

GGU ID or SSN: \_\_\_\_\_

Date of attendance: \_\_\_\_\_  
MM/YYYY to MM/YYYY

Name on GGU Academic Record:

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle Name or Initial

Name as you would like it to appear on your certificate (please print or type):

**Note: If you wish to have your document issued in a name that differs from the one the university has on record for you, you must attach documentation verifying a legal name change, such as a photocopy of a marriage license, passport, Social Security card or other legal document. The university will change your name in our records to reflect this new name.**

Address where you want certificate mailed:

\_\_\_\_\_  
Address (Number and Street) or P.O. Box

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City (Include District if applicable)

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
ZIP/Postal code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone Number

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

I am applying for: ☐ Undergraduate ☐ Graduate ☐ Law School

Certificate Program: \_\_\_\_\_

I will complete all requirements by the end of the: ☐ Fall ☐ Spring ☐ Summer \_\_\_\_\_  
Year

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### For Golden Gate University Use Only

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Initials of receiver

\_\_\_\_\_  
Date sent

Student Account Status: ☐ Paid-in-full ☐ Balance due ☐ Other hold