



Certification of Completion

Office of the Registrar • 79 New Montgomery St., 3rd Floor • San Francisco, CA 94105 • Ph 415-618-6454 • Fx 415-618-6273

1. STUDENT INFORMATION

Please note that certifications can take up to one week to process.

Last Name _____

First Name, Middle Initial _____

Maiden or Former Name _____

Student ID _____

Social Security # _____

Date of Birth _____

Street Address _____

City, State, Zip _____

Phone Number _____

First Semester at AAU _____

2. FEE

_____ of Certification/s of Completion: First five copies are free, \$10.00 for the sixth copy and \$2.00 each additional on same request

- Pay cash/check/charge card in person
- Mail with check enclosed
- Fax or mail with MasterCard/Visa number

Card Number _____ Exp. Date _____ Amount to Charge \$ _____

Card Holder Name (Print) _____ Card Holder Signature _____

3. METHOD OF DELIVERY

- I will pick up my certification/s at the Office of the Registrar
- Please mail to the following address/es Check here if additional addresses on reverse

Send ____ copies of my certifications to:

Send ____ copies of my certifications to:

4. STUDENT SIGNATURE

Signature _____ Date _____