

HSU Office of Extended Education
APPLICATION FOR CERTIFICATE OF COMPLETION
ADOBE SOFTWARE PACKAGE

Student Name: _____ HSU ID# _____

Name on Certificate (if different than above) _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email Address _____

Required Courses for Certificate

Please indicate the term (Fall, Spring, Summer) and year each course was completed:

Introduction to Adobe Photoshop term / year: _____

Introduction to Adobe InDesign term / year: _____

Introduction to Adobe Illustrator term / year: _____

Student Signature _____ Date _____

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(Please allow up to four weeks for processing your request)

For Office Use:

Reviewed holds on student record _____

Verified enrollments/satisfactory completion _____

Date certificate routed to authorized party for signature _____

Date Certificate Issued _____ Certifying Official _____ Date Mailed _____