

Tseng College Office of Admissions, Registration & Client Services

18111 Nordhoff Street Northridge, CA 91330-8343 Phone: (818) 677-2504 email: exl@csun.edu https://tsengcollege.csun.edu/

Request to Reissue a Certificate

Complete this form and return it to Tseng College Office of Admissions, Registration and Client Services by email. A \$25.00 per copy processing fee will be charged to the students CSUN Portal account. Once the fee has been paid it can take up to 4-6 weeks for processing. The following payment methods are accepted through the CSUN Portal: Visa, MasterCard and Electronic Check. Official University communication is sent to your CSUN email.

| PRINT CLEARLY | | |
|---|-----------------------------|---|
| CSUN Student ID Number (9-digit): | Date of Birth (MM/DD/YEAR): | |
| PRINT NAME AS IT APPEARS ON YOUR CU | URRENT CSUN RECO | PRD: |
| First Name: | Middle: | Last Name: |
| Maiden/Other Names: First: | Middle: | Last: |
| Address: | | Apt/Unit #: |
| City: | State: | Zip Code: |
| (Area Code) Telephone: | Email: | |
| Certificate Program: | | |
| Completion Date (term & year): Fall: Year | Spring: | Year Summer: Year |
| | | OU WISH THEM TO APPEAR ON YOUR CERTFICATE: Last Name: |
| length. For example, if your record reflects an ini | tial for your middle nam | ur University records. Middle names may vary only in the, you may indicate your full name for certificate printing ficate and include any diacritical marks (~, ^, `, etc.). |
| MAIL CERTIFICATE TO: | Check the box if Ma | ailing Address is the same as address above |
| Address: | | Apt/Unit #: |
| City: | State: | Zip Code: |
| NUMBER OF COPIES: at \$25 per co | ру | |
| Student's Signature: | | Date: |
| | OFFICE USE ON | LY |
| Processed (Y/N): Date: | By: Con | nments: |