



**Continuing and Professional Studies**

160 Convent Avenue  
Shepard Hall, Room 2  
New York, NY 10031

**CERTIFICATE REQUEST**

Complete this form once you have completed the certificate program/course(s) required.

Certificate request forms can be submitted via

Fax to 212-650-6614

Email at [ace@ccny.cuny.edu](mailto:ace@ccny.cuny.edu)

In person at City College Campus, Convent Avenue at 138<sup>th</sup> Street, Shepard Hall, Room 2

Mailed to the address above (Attn: Certificate Request)

Please Note: Certificates are processed within 2-4 weeks after the request form is received. Requests are reviewed by the Program Advisor to assure that all requirements for the certificate program have been met. Duplicate Certificates are subject to a \$10.00 processing fee (Check or Money Order Paid to City College).

Please complete the following:

Name: \_\_\_\_\_  
*(Print Name as desired on the certificate)*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

PROGRAM NAME	DATE OF COMPLETION OR SEMESTER

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:

Date Received \_\_\_\_\_ Initials: \_\_\_\_\_

Advisor Initials \_\_\_\_\_ Date Certificate Sent: \_\_\_\_\_ Mailed / Pick Up *(circle one)*