

## Advanced Certificate Program in Educational Facility Planning Application

### Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
School District/  
Company Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Years in Field: \_\_\_\_\_

### Educational Background

BA: \_\_\_\_\_  
MA: \_\_\_\_\_  
Other: \_\_\_\_\_

### Please Include:

Resume  
Unofficial Transcripts

Please fax completed application, along with your resume and unofficial transcripts to:

**San Diego State University**  
**Educational Leadership Department**  
**Attn: Cynthia L. Uline**  
**Fax number: (619) 594-3825**  
**Office number: (619) 594-3949**