CERTIFICATE APPROVED PROGRAM

Submission Process Notes:

1. **CAP forms are due by December 15 for Fall or June 15 for Spring or August 15 for summer award of certificate. Late submission will cause a delay of award of certificate or you may be considered for the next term.**
2. Paper certificate will be mailed to your mailing address on record. For instructions to update your mailing address, please visit https://cms.sfsu.edu/content/student-center
3. Pay for the CAP form through the Gateway- Student Center. Instructions to pay online can be found here: https://grad.sfsu.edu/content/pay-graduate-fees-online

Date: 01/01/2025 Student ID No. 999999999

Name: _____
Last First Middle

Email Address: student@sfsu.edu

Phone Number: (415) 555-1234

Official Certificate Title from *Bulletin*:
CERTIFICATE IN DATA SCIENCE AND MACHINE LEARNING FOR BIOTECHNOLOGY

Department offering certificate:
Department of Computer Science

Undergraduate ☐ **Graduate** ☐

All requirements must be completed within 7 years from the start of the term of the earliest course listed below

Dept. and Course No.	Course Title	Semester Units	Term Registered	Institution (if transfer)	Grade
CSC 308	Introduction to Machine Learning for Interdisciplinary Data Scientists	3	FALL '22		A
CSC 508	Machine Learning and Data Science for Personalized Medicine	3	FALL '22		A
CSC 509	Data Science and Machine Learning for Medical Image Analysis	3	SPRING '23		A
CSC 601	Data Science and Machine Learning for Biotechnology Seminar Series	1	SPRING '23		CR
CSC 602	Interview Preparation in Data Science and Machine Learning	1	SPRING '23		CR
BIOL 808	Professional Prospects for Quantitative Biologists, Data Scientists, and Bioinformaticians	1	FALL '22		CR

SAMPLE CAP FORM
FOR gSTAR Certificate

TOTAL UNITS REQUIRED FOR CERTIFICATE: 12 UNITS

The student has demonstrated, in accordance with university policy, an appropriate level of writing competency in the following manner (required):
☐ Written examination prepared by program area
☐ Other, specify: _____

Other requirements (specify): _____

Certificate Advisor (if appropriate): _____ _____ _____
Type/Print Last Name Signature Date

Program/Department Chair (required): _____ _____ _____
Type/Print Last Name Signature Date

Division of Graduate Studies:

_____ _____
Signature Date

Please attach a proof For payment of fee