

# Fullerton College

## Yoga Alliance Certificate Application



Date of Application \_\_\_\_\_ Term Completed \_\_\_\_\_ **Banner ID @** \_\_\_\_\_

Name \_\_\_\_\_  
(Please print your name the way you want it to appear on the certificate)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

- Program Coordinator for the Yoga Teacher Skills Certificate is April Matulich, [amatulich@fullcoll.edu](mailto:amatulich@fullcoll.edu), 714.992.7045.

Once reviewed and approved by the program coordinator, this form will be submitted to the PE division office for processing. After the President has approved and signed the certificate, your certificate will be mailed to the address provided on this application form.

**Allow Four (4) to Six (6) weeks for the processing of your certificate.**

\_\_\_\_\_  
Certificate/Program Coordinator

\_\_\_\_\_  
Date