

Fullerton College
Kinesiology, Wellness and Dance Division
Yoga Alliance Certificate Application



Please complete all information fields and print legibly.

Date of Application _____ Term Completed _____ Student ID# _____

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

Street Address (include Apt/Unit#) _____

City _____ State _____ Zip _____

Cell Phone _____

E-Mail Address _____

Directions: Submit this completed application and unofficial transcripts to the Program Coordinator for the Yoga Alliance Certificate. Program Coordinator is Yolanda Duron, yduron@fullcoll.edu, 714.992.7470.

Once reviewed and approved by the program coordinator, this form will be submitted to the KWD division office for processing. After signatures have been collected, the certificate will be mailed to your address.

Allow four (4) to six (6) business weeks for the processing of your certificate.

Certificate/Program Coordinator

Date