

Fullerton College

Physical Education Division

Certificate Program Application



Date of Application _____ Term Completed _____ Student ID _____

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

Address _____ City _____ State _____ Zip _____

Cell _____ E-Mail Address _____

Check certificate(s) that apply:

- | | |
|---|--|
| <input type="checkbox"/> Athletic Coach | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Dance Teaching Certificate | <input type="checkbox"/> Pilates Certificate |
| | <input type="checkbox"/> Yoga Teacher Skills |

- Please complete all info fields above and print legibly.
- Make an appointment with the **Program Coordinator**.
- Program Coordinator will require a copy of your Unofficial transcripts.
- Proof of current CPR card, if applicable.
- **Program Coordinator for Personal Trainer** is Sean Sheil, ssheil@fullcoll.edu, 714.992.7493
- **Program Coordinator for Athletic Coach, Pilates and Yoga Teacher Skills Certificate** is Yolanda Duron, yduron@fullcoll.edu, 714.992.7470.
- **Program Coordinator for Dance Teaching Certificate** is Melanie Rosa, mrosa@fullcoll.edu, 714.992.7485.

Once reviewed and approved by the program coordinator, this form will be submitted to the KWD division office for processing. After the President has approved and signed the certificate, the certificate will be mailed to you.

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

Certificate/Program Coordinator

Date