

**Office of Human Resources  
Workplace Learning**

**Certificate Program  
Verification of Completion of Requirements**

I verify that the minimum requirements for the \_\_\_\_\_  
certificate program have been successfully completed as of \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
*Employee's signature*

To the employee:

Please attach a copy of transcript(s) indicating completion of the required four courses and submit all documents to the Office of Human Resources.

Office of Human Resources  
Workplace Learning  
PO Box 7000  
Azusa, CA 91702-7000  
[learning@apu.edu](mailto:learning@apu.edu)