



## **Education Update Form**

Please send the completed form to HR@csusb.edu. Please attach proof/evidence of completion such as unofficial transcripts and/or copy of diploma.

First Name:	Last Name:		Coyote ID #:
Work Phone Number:		Work E-mail Address:	
Degree Completed:		Major:	
Completion Date:		Name of College/University:	
Please check box i	f the CSU Fee Waiver and Re	duction Program	assisted in funding your degree.
Please check box in copy of diploma).	f you have attached proof / e	evidence of compl	
		this information t	to be shared in CSUSB related
I hereby wish to update my I information is accurate.	HR records to reflect an educ	ation achievemer	nt as noted above and I certify that this
Employee's Signature:		Date:	<del></del>
	HUMAN RESC	DURCES ONLY	
Entered By:	ered By: Date entered in HRIS:		
Proof/evidence of completic	on provided: Yes No	N/A	