

Certificate Declaration Form

Students currently enrolled in a Master's program must complete and submit this form to the Registrar's office if they plan to also pursue a related certificate program. Students may not be enrolled in more than two programs at a time.

Name: _____

Student ID#: _____ Current Master's Program: _____

Please choose the appropriate certificate you wish to pursue:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Organizational Management |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Ceramic Arts | <input type="checkbox"/> Secondary Mathematics Education |
| <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> STEM Education (Elementary) |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Thanatology |
| <input type="checkbox"/> Geographic Information Systems (GIS) | |

Student Signature *Date*

Certificate Program Director Signature *Date*

For office use only

Registrar Signature/Date Entered in Record