

Certificate Declaration Form

Students currently enrolled in a Master's or Doctoral 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. Approval from the program director may be required. Email the completed form to hoodgrad@hood.edu.

Name: _____

Student ID#: _____ Email: _____

Indicate Current Master's or Doctoral Program: _____

Please choose the appropriate certificate you wish to pursue:

- | | |
|--|---------------------------------------|
| _____ Accounting | _____ Organizational Management |
| _____ Bioinformatics | _____ Project Management |
| _____ Ceramic Arts | _____ Secondary Mathematics Education |
| _____ Cybersecurity | _____ STEM Education (Elementary) |
| _____ Educational Leadership | _____ Thanatology |
| _____ Financial Management | _____ Trauma, Crisis, Grief & Loss |
| _____ Geographic Information Systems (GIS) | |

Student Signature

Date

For office use only

Registrar Signature/Date Entered in Record