



# Add Certificate Program Request

Office of the Registrar  
Graduate Students

This form is for use by currently enrolled graduate students only. It is the student's responsibility to obtain the necessary signatures and submit this form to the Registrar's Office.

_____	_____	_____	_____
CWID	Last Name	First Name	MI

## Current Program

Indicate the program in which you are currently enrolled. Write in your program of study where a line is provided to do so.

- |                                                                  |                                                                 |
|------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Certificate Program _____               | <input type="checkbox"/> Master of Arts in Teaching (MAT) _____ |
| <input type="checkbox"/> Master of Business Administration (MBA) | <input type="checkbox"/> Master of Education (M.Ed.) _____      |
| <input type="checkbox"/> Master of Arts (MA) _____               | <input type="checkbox"/> Education Specialist (Ed.S) _____      |
| <input type="checkbox"/> Master of Science (MS) _____            |                                                                 |

## Requested Certificate Program

Indicate the certificate program to be added.

- |                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Cybersecurity               | <input type="checkbox"/> Military Leadership          |
| <input type="checkbox"/> Higher Education Leadership | <input type="checkbox"/> Software Engineering         |
| <input type="checkbox"/> Intelligence Analysis       | <input type="checkbox"/> Student Affairs              |
| <input type="checkbox"/> Leadership                  | <input type="checkbox"/> Technical Project Management |
| <input type="checkbox"/> Literacy Education          |                                                       |

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator Signature  
(for requested program)

\_\_\_\_\_  
Date

OFFICE USE ONLY	
_____	_____
Registrar: Recorded to Banner	Date Entered