

APPLICATION FOR CREDIT-BEARING CERTIFICATE

Please fill in completely.

Name: _____ **SID:** _____ **Email:** _____
Hometown: _____ **Check One:** Male Female
Year of Completion: _____ **Check One:** Fall Semester Spring Semester Summer

Address Where You Want Certificate Mailed:

Local Address:

| | |
|-------------------|------------------------|
| Street Address | Street Address |
| City, State & Zip | City, State, & Zip |
| Phone | Personal Email Address |

Check Certificate:

- Autism Spectrum Disorder
- Criminal Justice Paralegal
- Ethical Leadership
- Paralegal

Complete and return this form to:

**Center for Continuing Education/Extension
 Attn: Certificate Coordinator
 Belknap & Catlin
 PO Box 2000
 Superior, WI 54880**

Check Certificate:

- Sustainable Management Science
- Sustainable Enterprise Management
- Geographic Information System
- Information Technology & Systems
- Writing Excellence
- Music Business

Complete and return this form to:

**Registrar's Office
 Belknap & Catlin
 PO Box 2000
 Superior, WI 54880**

Office Use Only:

Program Coordinator's Approval:

 Name and Department

 Signature

 Date

Registrar's Office Approval:

 Name and Title

 Signature

 Date