



School of Computing
Application for Certification

Student's Name: _____ Jag Number: _____

Semester/Year: _____

Undergraduate:

- [Artificial Intelligence \(CIS AI CERT\)](#)
- [Health Informatics \(CIS HI CERT\)](#)
- [Process Technology \(CIS IPT CERT\)](#)

Graduate:

- [CS Cybersecurity \(CIS CSCY CRT\)](#)
- [IS Cybersecurity \(CIS ISCY CRT\)](#)

Date: _____ Student's Signature: _____

Date: _____ Department Chair Signature: _____