School of Computing

Application for Certificate

Student's Name: _____ Jag Number: _____

Semester/Year: _____

Undergraduate:

- ☐ Applied AI (CIS_ISAI_CRT)
- ☐ Artificial Intelligence (CIS_AI_CERT)
- ☐ Health Informatics (CIS_HI_CERT)

Graduate:

- ☐ CS Cybersecurity (CIS_CSCY_CRT)
- ☐ IS Cybersecurity (CIS_ISCY_CRT)

Date:_____ Student's Signature:_____

Date:_____ Department Chair Signature:_____