School of Computing

Application for Certification

Student's Name: _____ Jag Number: _____

Semester/Year: _____

Undergraduate:

☐ 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: _____