



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: \_\_\_\_\_