

Certificate in MIS Application Form

This form is used to declare your intention to pursue a Certificate in MIS. Since some of the courses that count towards the Certificate are not offered every semester, we need this information to plan the course offerings based on your interests. This form states your intention only and is not a commitment to complete the coursework for the Certificate. For more information and course details, see <http://www.business.uconn.edu/cms/p1111>

Instructions. Please fill out all the fields, printing legibly. Submit the completed form to Gail Zaicek, OPIM Department, School of Business, 2100 Hillside Road, Unit 1041, Storrs, CT 06269-1041.

Name _____ Student ID # _____

Major _____

Anticipated Graduation Date ____/____Mo / Yr

Local Address _____

Phone (_____) _____ email _____

Courses that you consider taking for the Certificate:

Department	Course No.	Course Title
OPIM	_____	_____
OPIM	_____	_____
OPIM	_____	_____
OPIM	_____	_____

Student Signature _____ Date _____

For department use only - Received on: Notes:
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