

Certificate Request Form

The Office of Registration and Records

Name: _____ Student ID: _____
Print exactly as you want it to appear on your certificate

Email: _____ Primary Phone: _____

Semester and Year Course Requirements Were Completed: _____

Current Mailing Address: _____

Allow at least one week for processing. A receipt for the fee of \$25 per certificate must accompany each request. The Business Office accepts credit/debit card information via phone or check/money orders made payable to Capitol Technology University by mail. Certificates will not be released to students with Business Office holds.

Certificates (select all that apply):

UNDERGRADUATE LEVEL

- Acquisitions Management
- Computer and Network Security
- Programming and Data Management
- Project Management
- Software Engineering
- Space Missions and Operations Specialist
- Web Programming
- Website Development

GRADUATE LEVEL

- Healthcare Systems Security
- Information Technology
- Secure Cloud Computing
- Secure Mobile Technology
- Security Management

Note: Students seeking an undergraduate certificate may only apply one relevant transfer course to certificate requirements. Course substitutions and/or waivers are not permitted. Please see the university catalog for additional details regarding certificates.

For office use only:
 Certificate Earned: _____
 Entered on Transcript: _____
 Payment Received: _____
 File Ownership: _____
 Return Eligibility: _____
 Sent _____