

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: _____

Course requirements completed: Semester: _____ Year: _____

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):

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.

GRADUATE LEVEL

- _____ Healthcare Systems Security
- _____ Security Management

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

For office use only:
 Certificate Earned: _____
 Entered on Transcript: _____
 Payment Received: _____
 File Ownership/Return Eligibility: _____
 Signed by Admin: _____
 Sent/Ready for Pick up: _____