Graduate Certificate Program in Geographic Information Systems

Application for Completion

PantherID	NAME:		
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE	CELLPHONE	EMAIL	

Prescribed Courses and other Requirements – The Certificate Program require 15 credits (5 courses) <u>CORE REQUIREMENTS (9 credits with one 3 credit course from each of the following):</u>

I. Introductory GIS:	Instructor	Term/Year Grad	e
GIS 5050			
CGN 5320			
Other:			
II. Intermediate/Advanced GIS:			
EVR 5044			
GLY 5758			
SYA 6356			
CGN 6325			
Other:			
III. Remote Sensing:			
GLY5754			
Other:			
	y include courses listed under Intermedi	ate/Advanced GIS):	
Course Number and Title			
-	n attached copy of your transcript showing th	•	
	e abstract of the independent study project s ector, Dr. Assefa Melesse, Department of Ear		should be
_	reviewing this form, the Program Director w		the
· · · · · · · · · · · · · · · · · · ·	eview by the College and the University Regi		
to the candidate.			
APPLICANT'S SIGNATURE		DATE	<u> </u>

PROGRAM DIRECTOR (Name/signature) DATE	