



APPLICATION FOR SPECIALIZATION

Complete and submit this application once all applicable courses have been completed. Print name as you would like it to appear on the certificate (name must be consistent with university records):

NAME: _____ SSN (not AUID): _____ - _____ - _____

ADDRESS: _____

Specialization you are applying for:

GRADUATE

- ADULT TRAINING & DEVELOPMENT (01)
EXECUTIVE LEADERSHIP (06)
HUMAN RESOURCE MANAGEMENT (07)
CHANGE MANAGEMENT (02)
EXECUTIVE COMMUNICATION SKILLS (05)
DIVERSITY AWARENESS (04)
CONFLICT MANAGEMENT & RESOLUTION (03)
PROJECT MANAGEMENT (08)
CHRISTIAN COUNSELING (12)
APPLIED BUSINESS ANALYTICS (13)
DIVERSITY, EQUITY & INCLUSION (14)
ENTREPRENEURSHIP (15)
CUSTOMER SERVICE (16)
DIGITAL MARKETING (19)

UNDERGRADUATE

- BUSINESS MANAGEMENT ESSENTIALS (09)
PROJECT MANAGEMENT (11)
EXECUTIVE COMMUNICATION SKILLS (10)
CUSTOMER SERVICE (18)
ENTREPRENEURSHIP (17)
DIGITAL MARKETING (20)

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

BUSINESS OFFICE: _____ Date: _____

SESSION: _____ CERTIFICATE DATE: _____ (Last day of session completed)

ENTERED IN ET: _____ INITIALS: _____

PRINT DATE: _____ INITIALS: _____

Academic Dean Approved _____ Denied _____ Date: _____