



APPLICATION FOR CERTIFICATES

Complete and submit this application to BusOffice@Amberton.edu 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: _____

To earn a certificate at Amberton University, applicants must meet the following criteria:

Course Enrollment: All required courses must be completed at Amberton University. No course substitutions are permitted.

Application Timeline: Candidates must submit their application for a certificate within five years of finishing the necessary coursework.

GRADUATE

- ADULT TRAINING & DEVELOPMENT (01)
AGILE PROJECT MANAGEMENT (25)
CHANGE MANAGEMENT (02)
CHRISTIAN COUNSELING (12)
CONFLICT MANAGEMENT & RESOLUTION (03)
CUSTOMER SERVICE (16)
DATA ANALYTICS (22)
DIGITAL MARKETING (19)
DIVERSITY AWARENESS (04)
ENTREPRENEURSHIP (15)
EXECUTIVE COMMUNICATION SKILLS (05)
EXECUTIVE LEADERSHIP (06)
FINANCE (23)
FORENSIC ACCOUNTING
HUMAN RESOURCE MANAGEMENT (07)
PROJECT MANAGEMENT (08)
SOFT SKILLS (21)

UNDERGRADUATE

- BUSINESS MANAGEMENT ESSENTIALS (09)
CUSTOMER SERVICE (18)
DIGITAL MARKETING (20)
ENTREPRENEURSHIP (17)
EXECUTIVE COMMUNICATION SKILLS (10)
PROJECT MANAGEMENT (11)
SOFT SKILLS (24)

SIGNATURE: _____ DATE: _____

***** FOR OFFICE USE ONLY *****

BUSINESS OFFICE: _____ Date: _____
SESSION: _____ CERTIFICATE DATE: _____ (Last day of session completed)
ENTERED IN ET: _____ INITIALS: _____ PRINT DATE: _____ INITIALS: _____
Approved _____ Denied _____ Date: _____
Academic Dean