



School of Computing  
Application for Certificate

Student's Name: \_\_\_\_\_ Jag Number: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Undergraduate:

- ☐ Applied AI (CIS\_ISAI\_CERT)
- ☐ Artificial Intelligence (CIS\_AI\_CERT)
- ☐ Health Informatics (CIS\_HI\_CERT)

Graduate:

- ☐ CS Cybersecurity (CIS\_CSCY\_CERT)
- ☐ IS Cybersecurity (CIS\_ISCY\_CERT)

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Department Chair Signature: \_\_\_\_\_