



PERSONAL INFORMATION

TODAY'S DATE (MM/DD/YYYY)

NAME AS YOU WOULD LIKE IT TO APPEAR ON CERTIFICATE

LAST FOUR OF SS#

MAILING ADDRESS

CITY

STATE

ZIP CODE

ACADEMIC INFORMATION

DATE OF GRADUATION: _____
(MO/YR)

DEGREE EARNED: _____
(ex. MA-CRJ; MS-PMT)

NAME/CODE OF COMPLETED TERRORISM COURSES:

1. _____
(ex, CRJ 744 / Terrorism and Politics)

2. _____

3. _____

I have attended the equivalent of two full semesters of seminars (10 seminars in total) between
_____ (MO/YR) and _____ (MO/YR).

By signing below, I affirm that the information contained hereon is accurate and truthful to the best of my knowledge.

ATTACHMENTS

STUDENT TRANSCRIPT

Signed: _____

Date: _____

**PLEASE MAIL OR DELIVER THE COMPLETED APPLICATION
AND ATTACHMENTS TO THE CENTER ON TERRORISM**