

CERTIFICATE APPLICATION

Instructions

Complete this form if you have completed the requirements for one of the certificates noted below. Upon verification that you have successfully completed the prescribed sequence of courses, the certificate will be mailed to the address you indicate.

NAME (last, first): _____

STUDENT ID NO.: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

TELEPHONE: _____

Indicate the certificate for which you are applying:

Master Certificate

- Project Management
- New Product Management
- Innovation & Entrepreneurship
- Knowledge Management
- Marketing & Export Management
- Global Business Management & Cultural Immersion
- Construction & Business Management

Undergraduate Certificate

- Web Site Design

Return this form to:

Ms. Kim Benson, secretary

Rader School of Business

1025 N. Broadway

Milwaukee, WI 53202

FAX: 414-277-7479 / Email: benson@msoe.edu

Student Signature

Date