Application for DMM Certificate 2
Business Continuity

ID#: _____

Student Name: (print as you with it to appear on your certificate)

_____ _____ _____

First **Middle** **Last**

Mailing Address: _____

_____

_____ _____ _____

City **State** **Zip**

Student's email:_____ **Student's Phone**:_____

Student's Signature:_____ _____

Date

TO BE FILLED IN BY THE PROGRAM DIRECTOR

Certificate Completion Term: FLGR _____(year) WNGR _____
SPGR _____ SMGR _____

Courses Completed for Certificate: (check as completed and show the term for completion and fill in the elective)

DMM-625 Business Continuity _____

DMM-624 Org. Risk & Crisis Management _____

DMM- _____ _____
elective

_____ _____

Program Director Signature **Date**

Dist: Advisor file, Student, Cert. Officer, Office of the University Registrar

Univ. Reg. Office Received: _____ Date Processed: _____