

Application for the Cyber Security Certification Program

Wright State University

Date Submitted: _____ University ID # _____

Name: _____
Last First Middle

Email: _____

Undergraduate Major: _____

GPA: _____ Credit Hours: _____

Beginning Term of Student's Certificate Program: _____

Must be signed by applicant

I certify that to the best of my knowledge the information given above and on record with the university is true. I understand that any misrepresentation of facts in this process, if discovered subsequently, will be cause for refusal of admission, cancellation of admission, or suspension from the University. By signing this application, I agree to abide by the policies of the university and the Department of Computer Science and Engineering.

Signature

Date

FOR DEPARTMENTAL USE ONLY

APPROVED BY:

Undergraduate Advisor Date: _____

Department Chair or Program Director Date: _____

Departmental Approval _____ ***Date:*** _____