Application for Graduate Certificate in Applied Statistics

Last Name: First Name: Middle Initial:
Student ID #:
UK e-mail address:
Address:
City/State: Zip Code:
Daytime Phone Number:
Department:
Department Address:

Proposed Course Plan:

STA 570 STA 671 STA 672 STA 677
STA 680 STA 681 STA 673 STA 675
Additional Courses*:

***Note: Additional courses must be approved prior to taking the course.**

Date of Application:
DGS Date of approval of Course Plan:
Date of Certificate Requested:
DGS Date Certificate Approved:
Comments: