



UNIVERSITY OF COLORADO AT COLORADO SPRINGS

APPLICATION FOR ADMISSION
to the

College of Business Undergraduate Certificate Program

University of Colorado at Colorado Springs • College of Business & Administration • P.O. Box 7150 • Colorado Springs, CO 80933-7150

PLEASE FORWARD THIS COMPLETED APPLICATION WITH AN UNCLASSIFIED ADMISSIONS APPLICATION TO THE UNIVERSITY OF COLORADO COLLEGE OF BUSINESS, DWIRE HALL 239.

All information provided is strictly confidential.

Applicant's Name: _____

Previous Name(s): _____

Social Security Number: _____ - _____ - _____ Old CU Number (if applicable): _____

Home Phone Number: _____ Daytime Phone Number: _____

Email Address: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Term for which you are applying (semester/year): _____

Certificate for which you are applying: _____

A. Employment Information:

Current Employer: _____ Phone: _____

Date Started: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____

B. Previous Education:

Name of Institution: _____ Year Earned: _____

Name of Major: _____ Graduating GPA: _____

Signature: _____ **Date:** _____

Please **print** your name as you wish it to appear on the certificate:
