

**St. Cloud State University
Center for Information Media
Certificate in Instructional Technology Program
Student Data**

Name _____

First

Middle

Last

Address _____

Phone Number (_____) _____ **(home)** (_____) _____ **(work)**

E-mail Address _____

Background Information

Are you currently employed? If so, where and in what position?

Why are you interested in acquiring the instructional technology certificate?

When do you anticipate finishing the requirements needed for the instructional technology certificate?

When do you anticipate graduating?

Are you a part of a cohort group taking the course work at an off-campus site? If so, which group? What location?