## Graduate Certificate in Design for E-Learning

**Certificate Program Form**

Student's Name (please print): ____________________________________________

Master's Program: Yes _____ No _____

Social Security Number/Student ID: _________________________
Date: ______________________

Address: ________________________________________________________________________________________________________________________

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<tr>
<th>COURSES</th>
<th>SUBSTITUTIONS</th>
<th>CREDITS</th>
<th>DATE TAKEN</th>
<th>PLACE, IF NOT SCSU</th>
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<td>3 Cr.</td>
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SIGNATURE OF STUDENT: ________________________________

SIGNATURE OF ADVISER: ____________________________

SIGNATURE OF GRADUATE DEAN: ________________________

Office Use Only:

Student Notified: ________

10/05
St. Cloud State University
Center for Information Media
Certificate in Design for E-Learning
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 design for E-learning certificate?

When do you anticipate finishing the requirements needed for the design for E-learning 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.