

**Certificate Program Application Form**

Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_  
Last First M.I.

Date of Birth \_\_\_\_\_ Gender (please circle one) Male Female

Home Address: \_\_\_\_\_  
Number, Street, or Apt. # City State Zip Code

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Email Address (if any): \_\_\_\_\_

I am currently a student at UM-Dearborn:  No  Yes ➔ Program: \_\_\_\_\_

**Prior Education: Indicate institution(s) where you received your undergraduate/graduate degree(s).**

Institution	Location (City, State/Country)	Major Field	Degree

Undergraduate grade point average (GPA): \_\_\_\_\_ on a \_\_\_\_\_ scale. Pass/Fail \_\_\_\_\_

Graduate grade point average (GPA): \_\_\_\_\_ on a \_\_\_\_\_ scale. Pass/Fail \_\_\_\_\_

Current Residency:  Michigan Resident, since \_\_\_\_\_ (month/year)  Non-Michigan Resident

Citizenship:  U.S. Citizen  
 U.S. Permanent Resident, Perm. Res. A# \_\_\_\_\_  
 Int'l Applicant  Visa Type: \_\_\_\_\_  
If U.S. Permanent Resident or International, name your country of citizenship \_\_\_\_\_

**I wish to be admitted to the following certificate program:**

- |  |  |
|--|--|
| <input type="checkbox"/> Software Engineering                  | <input type="checkbox"/> Quality Engineering       |
| <input type="checkbox"/> Computer Aided Design & Manufacturing | <input type="checkbox"/> Intelligent Control       |
| <input type="checkbox"/> Internal Combustion Engines           | <input type="checkbox"/> Vehicle Electronics       |
| <input type="checkbox"/> Structural Analysis & Design          | <input type="checkbox"/> Control Systems           |
| <input type="checkbox"/> Plastic & Composite Materials         | <input type="checkbox"/> Digital Signal Processing |
| <input type="checkbox"/> Engineering Management                |  |

I am applying for admission in the:  Fall Term (Sept.-Dec.)  Winter Term (Jan.-April)  Summer Term (May-Aug.)

**Payment Method for \$25.00 Application Fee**

Personal Check  Mastercard / Visa \_\_\_\_\_ Exp. \_\_\_\_\_  
Date \_\_\_\_\_

I certify that the information in this application is accurate and true. I understand that misrepresentation may be cause for canceling my admission. **I understand that student transcript copies for the institutions indicated above must be submitted at the time of application**, and that such documents become the property of UM-Dearborn. Submit application, transcripts and fee to: UM-Dearborn/EPD Office/ /2000 PEC/4901 Evergreen Rd./Dearborn, MI/48128.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For internal use only:

Approved  Not Approved Signature of Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_