Graduate Certificate in Strategic Communication APPLICATION

NOTE: Certificate applications must be submitted <u>before the end of the semester</u> in which all required coursework is completed.

Date:			
First N	ame:		_
Middle	e Name:		_
Last N	ame:		_
Mailin	g Address:		_
City	State	Zip Code	_
Studer	nt I.D. #:		_
Phone	: ()		
E-mail	address:		_
Are yo	u a graduating this semester? Y N		
Please	mark the courses completed toward the cert	tificate and attach an unofficial copy	of your transcript.
Take a	Il three courses:		
0 0	5051 Advanced Strategic Communication 5240 Organizational Communication 5939 Internship		
And al	so take:		
0	An elective at the graduate level from the College of Arts & Media, School of Business, the School of Public Affairs, or the Anschutz Medical Campus. The elective must be approved in consultation with the Department Communication.		
	List elective here:		
	Please return this form to Dr. Hamilton Bear	n, Student Commons Building, Room	3010, or mail it to him at:
	Depart	ersity of Colorado Denver tment of Communication	