

Return application form to:

MSUM Continuing Studies Office, P.O. Box 82, 1104 7th Ave. S., Moorhead, MN 56563

Name: _____
Last First Middle Initial Social Security No.

Other names used previously, if any: _____

Current Address:

Street

City State/Province Zip/Postal Code

Telephone e-mail address

Permanent Address:
(if different from above)

Street

City State/Province Zip/Postal Code

Telephone e-mail address

Please indicate the level of certificate you are interested in obtaining: Undergraduate Graduate

Indicate Current Minnesota State University Moorhead (MSUM) Student Status:

NOT a current MSUM student (if not a current student, you must apply to MSUM and be accepted in order to be accepted in a certificate program)

Undergraduate Student Graduate Student

Junior Status Graduate Special Status

Senior Status Graduate Program _____

Graduated in (year) _____ Graduated in (year) _____

Dragon ID _____ Cumulative GPA (if available) _____

Degrees held (if any) _____

Teaching Experience or Related Experience (1/2 to 1 page)

Please attach a sheet and list any professional teaching experience (position, grade level, courses taught). Or, if undergraduate student, list any teaching-related experience (informal teaching, assisting others, etc.).

Technology Knowledge and Expertise (1/2 to 1 page)

Please attach a sheet and list any technology skills and expertise you feel you have. You may list types of software you have used (applications as well as educational software), classes or training you have attended.

For Office Use Only: MSUM Admin _____ MSUM UG _____ MSUM G _____ Certificate Adm Date _____