

Petition to Receive NSTISSI No. 4012 Certificate

Name _____ Student ID _____

Anticipated graduation date _____ Degree: BSCE _____ MSCE _____

Email address _____

Advisor's name _____

Coursework: List the quarter and year of completion for each class you have taken.

COEN 150 _____ COEN 250 _____

COEN 253 _____ COEN 226 _____

COEN 350 _____ COEN 351 _____

COEN 152/252 _____ COEN 253 _____

Other _____ Other _____

I hereby apply for the NSTISSI 4012 certificate.

Student Signature _____ Date: _____

Please submit completed form to the Department of Computer Engineering (Apyrl Roberts) at least five weeks before your anticipated graduation.

For office use:
Approved by: _____ Date: _____