



Application for Skill Sets

RETURN COMPLETED FORM TO RECORDS OFFICE – FIRST FLOOR, SC4 WELCOME CENTER

Date: _____ Phone Number: _____ Catalog year* _____

Print name the way you want it on your certificate in upper and lower case

Student number or Social Security Number

December 20____ May 20____

August 20____

Address to where the certificate is to be mailed**

Are you in the Honors Program?

(circle one) YES NO

City, State, ZIP

Preferred email: _____

*To be followed when evaluating your skill set requirements. Please direct questions about your catalog year to the Records Office at (810) 989-5550.

**Provide address that is valid for certificate mailing time frame: May completion = certificate mailed in July;

August completion = certificate mailed in October; December completion = certificate mailed in March

Please check (✓) appropriate skill set. One skill set per application.

SKILL SET

- ____ Criminal Justice Corrections (SSCJC)
- ____ Criminal Justice Generalist (SSCJG)
- ____ Criminal Justice Law Enforcement (SSCJL)
- ____ Homeland Security (SSHLS)
- ____ Internet Marketing (SSMKI)
- ____ Professional Sales (SSMKS)

FOR OFFICE USE ONLY

GPA _____