



Rochester Institute of Technology

UNDERGRADUATE CERTIFICATE ENROLLMENT FORM

Completed forms can be returned to your department or mailed to RIT, Office of Part-time Enrollment Services, Bausch and Lomb Center, Building 77, Room 1241, 58 Lomb Memorial Drive, Rochester, NY 14623.
Telephone: 585-475-2229 FAX: 585-475-7164.

Name: Please print your name as you wish it to appear on the certificate:

Last:

First:

Middle:

Suffix: Social Security Number:

Gender: Female Male

Date of Birth:
month/day/year

Ethnic Origin:
For reporting to the Federal Government (optional):

White (non-Hispanic origin)
 Black (non-Hispanic origin)
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Hispanic
 Other

Home Address: Home Phone:
 City, State, Zip: Work Phone:
 NYS County: Email:
 Employer: Fax:

Students enrolling in the certificates listed on this form who are not concurrently matriculated in an RIT degree program, are not eligible for financial aid.

Certificate Program Selection

Please respond to the questions below and select one of the certificate programs listed on the right. If you are planning to complete more than one certificate, please complete a separate form for each.

In which quarter do you plan to begin taking courses at RIT?

Fall Winter Spring Summer 20__

What is your anticipated date of completion for the certificate program selected?

November February May August 20__

Are you currently matriculated in a degree program at RIT?

No Yes (What program?)

Please indicate your level of education:

High School, no diploma Associate Degree
 High School, Graduate/GED Bachelor's Degree
 Some College, No Degree Post Baccalaureate Degree

How do you plan to complete the certificate? Please check one:

Attend class on the RIT campus
 Study through Online Learning

Your signature below indicates that all information contained in this application is complete and factually correct:

Signature _____
Date _____

Note to departments:
Mail original forms to Registrar's Office for processing.
rev. 09/05

Office Use Only
Department Approval _____ Date _____
Phone Number: _____

Program Code	Undergraduate Certificate (number of courses/credit hours required)
<input type="checkbox"/> ICTE	Small Business Management (3/12)
<input type="checkbox"/> ICTG	Computer Graphics (7/20)
<input type="checkbox"/> ICED	Management Process (3/12)
<input type="checkbox"/> ICEQ	Basic Quality (3/12)*
<input type="checkbox"/> ICER	Quality Implementation (3/12)*
<input type="checkbox"/> ICEU	Basic Technical Communication (3/12)*
<input type="checkbox"/> ICEV	Advanced Technical Communication (3/12)*
<input type="checkbox"/> ICEW	Public Relations Communications: Graphic Communication (8/21)
<input type="checkbox"/> ICEX	Public Relations Communications: Professional Writing (9/20)*
<input type="checkbox"/> ICTL	International Logistics and Transportation (3/12)*
<input type="checkbox"/> IEM1	Environmental Science (3/12)
<input type="checkbox"/> ITCD	Data Communications (3/12)*
<input type="checkbox"/> ITCE	Voice Communications (3/12)*
<input type="checkbox"/> ITCF	Telecommunications Network Management (4/16)*
<input type="checkbox"/> ITCN	Fundamentals of CAD and CNC (2/8)
<input type="checkbox"/> ITCM	Fundamentals of Manufacturing Management (3/12)*
<input type="checkbox"/> ITCP	Manufacturing Processes (3/12)
<input type="checkbox"/> ITCR	Robotics (3/12)
<input type="checkbox"/> ITPS	Structural Design (5/20)*
<input type="checkbox"/> ITCQ	Computer-Aided Drafting (4/16)
<input type="checkbox"/> NACI	Introduction to Programming (4/14)*+
<input type="checkbox"/> NTIK	Deaf Studies (7/16)
<input type="checkbox"/> SCLJ	Exercise Science (3/12)

* These certificates have the option of being completed through On-line Learning or on campus.
+ Available only to Deaf or Hard of Hearing students.