R·I·T **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 A-130, 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: University ID 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_____

Program Code	Undergraduate Certificate (number of courses/credit hours required)
☐ WCTE	Small Business Management (3/12)*
☐ WCTG	Computer Graphics (7/20)
☐ WCED	Management Process (3/12)
☐ WCTQ	Quality Management (4/16)*
☐ WCEU	Basic Technical Communication (3/12)*
☐ WCEV	Advanced Technical Communication (3/12)*
☐ ITPS	Structural Design (5/20)
☐ HCLJ	Exercise Science (3/12)

** These certificates have the option of being completed through online learning or on-campus.*

Note to departments:
Mail original forms to Registrar's Office for processing.
rev. 10/11

Office Use Only
Department Approval Date

_____ _____

Phone Number:
_____