Department of Computer Science

GRADUATE CERTIFICATE IN CYBERSECURITY ENROLLMENT FORM

Name (Last, Middle, First): ____________________________________________________________

ODU UIN: ______________________ Email: ____________________________

Mailing Address: _________________________________________________________________

City/State/Zip or Postal Code: ______________________________________________________

A minimum of a Bachelor’s degree in a computer science related field with a 3.0 GPA is required for admittance into the certificate program. Please submit either a copy of your diploma or a copy your transcripts that show the degree conveyed.

Degree: ___________________________________________ Year: ______________

University: _________________________________________________________________

Major: ___________________________ GPA: __________________

If you hold one or more other degrees, please list those degrees here. Provide the field/area/major each such degree is in and the name of the college or university.

_____________________________________________________________________________________

_____________________________________________________________________________________

Relevant Work Experience

Organization: ___________________________ Number of Years: ______________

Job Title: _________________________________________________________________

Please return your completed enrollment form by email to mweigle@odu.edu, or by postal mail to Dr. Michele Weigle, Department of Computer Science, Old Dominion University, Engineering & Computational Sciences Building, 4700 Elkhorn Ave, Suite 3300, Norfolk, VA 23529-0162.

Enrollment approved by: ___________________________ Date: ______________

Last Updated: September 2015