

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Application for _____ Certificate Program

Department of Aerospace Engineering

I am interested in beginning the certificate program in: _____
(Indicate semester and year)

First Name: _____ Middle Name/Initial: _____

Last Name: _____

Citizenship: _____ Gender: Male Female

Mailing Address: _____

City: _____ State/Country: _____ Zip/Code: _____

Business/Day Phone: _____ Email Address: _____

Company: _____

This information is effective until (please enter date): _____

DEGREE INFORMATION

Please list your major under the appropriate degrees, the institution you attended, and your overall GPA.

Bachelor's: _____ Institution: _____ GPA: _____

Master's: _____ Institution: _____ GPA: _____

Doctoral: _____ Institution: _____ GPA: _____

Please include a copy of your transcripts for each degree listed above. Unofficial transcripts may be submitted for initial evaluation. However, if you are admitted to the program, official transcripts will be required.

I certify that the above information is correct.

Signature: _____ Date: _____

Completed application should be emailed to:

tank@illinois.edu

For all other inquiries, contact

Aerospace Engineering

aerospace@illinois.edu