



APPLICATION FOR SPECIALIZATION

Print name as you would like it to appear on the certificate (name must be consistent with university records):

NAME: _____ SSN (not AUID): _____ - _____ - _____

ADDRESS: _____

Specialization you are applying for:

GRADUATE

___ ADULT TRAINING & DEVELOPMENT (01)
HRT6550, HRT6565, HBD4722/5722, HBD4735/5

___ EXECUTIVE LEADERSHIP (06)
HBD6776, HRT6570, HBD5741, HBD5173

___ HUMAN RESOURCE MANAGEMENT (07)
HRT6555, HRT6560, HRT6575, MGT6177

___ CHANGE MANAGEMENT (02)
HBD6776, HBD6771, HRT6570, HRT6575

___ EXECUTIVE COMMUNICATION SKILLS (05)
COM5405, COM5407, COM5445, COM5469

___ DIVERSITY AWARENESS (04)
COM6420, HBD5721, HBD6769, HBD6768

___ CONFLICT MANAGEMENT & RESOLUTION (03)
HBD6771, MGT5193, COM5405, HBD5173

___ PROJECT MANAGEMENT (08)
MGT5501, MGT5502, MGT5503, MGT5504

___ CHRISTIAN COUNSELING (12)
CSL6720, CSL6730, CSL6860, HBD6767

OR
MGT6151, MGT6152, MGT6153, MGT6154

UNDERGRADUATE

___ BUSINESS MANAGEMENT ESSENTIALS (09)
BUS3305, BUS3310, BUS4113, BUS4110 OR MGT4174

___ PROJECT MANAGEMENT (11)
MGT4501, MGT4502, MGT4503, MGT4504

___ EXECUTIVE COMMUNICATION SKILLS (10)
COM4405, COM4407, COM4445, COM3469

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Business Office

Date: _____

SESSION: _____

CERTIFICATE DATE: _____
(Last day of session completed)

ENTERED IN ET: _____

INITIALS: _____

PRINT DATE: _____

INITIALS: _____

Vice President for Academic Services

Approved _____ Denied _____ Date: _____