

The Chancellor's Certificate in SharePoint

Application Form

To enroll in this certificate program, please complete this application form and return it with your \$25 nonrefundable application fee to:

UM-St. Louis
SharePoint Certificate
Computer Education & Training Center
12837 Flushing Meadows Drive
St. Louis, MO 63131

Name _____

Address _____

City/State/Zip _____

Student Number (if known) _____

Daytime Phone _____ Evening Phone _____

Please verify that you've met these prerequisites by checking the appropriate spaces:

- I have a basic understanding of the Windows operating system.
- I can find files, create folders, organize and manage files, work with multiple windows, and share data among applications via the Clipboard.
- I have some experience with Microsoft Office applications.

Please check one of the following:

- I am a new student or I have taken classes that do not apply to this certificate.
- I have successfully completed the following classes in the Computer Education & Training Center in the last 24 months and would like to apply them to meet the requirements of this certificate.

1. Date _____ Title of class _____ # hours _____

2. Date _____ Title of class _____ # hours _____

3. Date _____ Title of class _____ # hours _____

4. Date _____ Title of class _____ # hours _____

5. Date _____ Title of class _____ # hours _____

6. Date _____ Title of class _____ # hours _____

7. Date _____ Title of class _____ # hours _____

Fee:

- I have enclosed my \$25 nonrefundable fee.

The application fee is payable by check or charge. Checks should be made payable to the **UM-St. Louis**. To charge, fill in the blanks below:

MasterCard / VISA / Discover # _____

Amount Paid: \$25 Exp. Date _____ Signature _____

If paying by credit card, you may fax this application form to 314.966.0409.