



Intent to Complete Certificate Form

Office of the Registrar
16300 Old Emmitsburg Road
Emmitsburg, MD 21727

ID # _____

Date: _____

Name: _____
(Please print name as it will appear on the certificate)

Address: _____

All requirements will be completed by: _____
Date

Desired Certificate (please check)

- Data Science Certificate
- Quality Assurance and Regulatory Science Certificate
- Risk Management and Cybersecurity Certificate

Student Signature

Fax or email scanned copy of document to Mary Ann Holden at 301-447-5811.