Leeds School of Business Operations & Information Management (Formerly Systems) Certificate Application/Verification Form (SAME AS GOLDENROD FORM)

Students, this application Operations or Informatic				
NAME	STUDENT NUMBER			
BUSINESS AREA OF EMPI or OM students must tak choose.)	HASIS	(NOTE: IM students m	ust take 3 OM classes
ANTICIPATED SEMESTER	OF GRADUATION			
This is to verify that I am will notify my Academic		rations & Info	ormation Certificate.	If my plans change, I
	STUDENT SIGNATURE			DATE
Contact Noah Zikmund, tassist you in setting up yestudy or internship requethan the first week of the	our independent s est form must be s	tudy or inter submitted for	nship. This form and approval to the facu	your independent
	FACULTY ADVISOR SIGNATURE			DATE
To apply, please submit to the completion of the certification.	Office of Underg	raduate Stude	ents Services, KOBL 1	•
To be completed by Ac OPIM Certificate marked	_		bmitted	
To be completed by Advi COURSE HOL MGMT 3			ree:	
MGMT 3			Total Hours	/
MGMT 3			Total Points	
MGMT4900/4910			GPA	**

For Degree Verification Coordinator Only:
Sent to Registrar for term _____



^{*}Grade of B- or higher must be earned for each course.

^{**}GPA for certificate coursework must be a 3.0 or higher.