

**APPLICATION FOR A GRADUATE CERTIFICATE OR MINOR**  
**Department of Decision and Information Sciences**

STUDENT NAME: \_\_\_\_\_ UF ID \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GRADUATE CLASSIFICATION (e.g., 7 etc.) \_\_\_\_\_ MAJOR (e.g., ATG, DIS, etc.) \_\_\_\_\_

ANTICIPATED GRADUATION DATE (semester, year) \_\_\_\_\_

**SELECT FROM THE FOLLOWING:**

- Certificate in Auditing and Information Technology (open to all graduate business students)
- Certificate in Decision and Information Sciences (open to all graduate business students)
- Certificate in Supply Chain Management (open to all graduate business students)
- Graduate Minor in Decision and Information Sciences (open to all graduate students)

Student signature below acknowledges all of the following:

- The student has met with an academic advisor and understands all course requirements for the certificate or minor request.
- The student will inform the academic unit offering the certificate or minor of any change in the student's anticipated graduation date before the beginning of the semester in which the student intends to graduate.
- The student understands that in order to accrue credit towards the certificate or minor, *each* course must carry a grade of "C" or higher.
- The student understands that in order to be awarded the minor or certificate, the student must maintain a minimum "B" average in *all* coursework required in the minor.

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STUDENT SIGNATURE

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DATE

Please sign and return this form to 351A Stuzin Hall for processing.

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DIS DEPARTMENT APPROVAL

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DATE