

**APPLICATION FOR A GRADUATE CERTIFICATE OR MINOR**  
**Department of Information Systems and Operations Management**

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

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

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

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

SELECT FROM THE FOLLOWING:

- Certificate in Auditing and Information Technology (open to all graduate **business** students)
- Certificate in Information Systems and Operations Management (open to all graduate students)
- Certificate in Supply Chain Management (open to all graduate students)
- Graduate Minor in Information Systems and Operations Management (open to all graduate students with the exception students participating in MAIB, MBA or MSM programs)

Student signature below acknowledges all of the following:

- I understand that Dr. Vakharia will be my assigned supervisory committee representative for the minor.
- I understand that I must meet with an academic advisor to learn about all course requirements for the certificate or minor request.
- I understand that I will inform the academic unit offering the certificate or minor of any change in my anticipated graduation following drop/add for the semester in which I intend to graduate.
- I understand that in order to accrue credit towards the certificate or minor, *each* course must carry a grade of “C” or higher.
- I understand that in order to be awarded the certificate or minor, I must maintain a minimum “B” average in *all* coursework required in the minor.
- I understand that if I do not intend to complete the minor and/or I do not meet the course work or GPA requirement for the minor, I must cancel it by the degree application deadline for the semester in which I intend to graduate by notifying **both** the academic unit offering the minor and my degree program advisor. I understand that failure to do so will delay my graduation by a semester.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
ISOM DEPARTMENT APPROVAL

\_\_\_\_\_  
DATE