

# DeSales University

## Adult Studies Certificate Application

(This certificate may not be construed as a baccalaureate degree.)

**Name**

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Last First Middle

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**Mailing address**

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Street

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City State Zip

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**Phone**

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Cell Work Home

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**ID # or Social Security #**

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### Courses required for Cyber Security (4 Courses)

Course #	Course Title – Select Four:	Date Completed
CS415	Vulnerability Assessment	
CS426	IT Security	
CS445	Cyber Security Management	
CS461	Special Topics	
CS473	Cryptography	

*Note: No more than one course may be transferred to meet the requirements of the certificate*

I acknowledge that I have received and read the [Gainful Employment Disclosure](#) for the Certificate in Business Administration.

(Please Initial)

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Division Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Assistant Dean of Adult & Continuing Education** \_\_\_\_\_ **Date** \_\_\_\_\_

*Application to be completed prior to pursuing Certificate. Certificate awarded upon completion of relevant coursework and payment of all fees.*

**Original to Registrar**

**Copies to Business Office and Adult Studies**

3/15/2022