Application for the Certificate in Transportation Studies

Graduate College

The University of Iowa

Submit to **John Fuller, Director of Graduate Studies, School of Urban and Regional Planning** on or before the established deadline for the Application for Degree set by the Graduate College.

The University of Iowa requests this information for the purpose of processing your Application for the Certificate in Transportation Studies. Responses to items marked "optional" are optional; responses to all other items are required.

Please Print

1. _____
   UI Identification Number

2. _____
   Last Name First Name Middle or Maiden

3. When do you expect to receive your degree? _____
   Month Year

4. Enrolled in the Department of Civil and Environmental Engineering ☐
   School of Urban and Regional Planning ☐

5. I have or will have completed the following 18 semester hours of approved transportation courses before my expected date of graduation

Course Number	Course Name	Semester Taken	Credits

6. Name of Faculty Advisor _____

Print