



University of Colorado  
Colorado Springs

Beginning term: \_\_\_\_\_

## Center for Cognitive Archaeology Certificate Program Application

Select a certificate option:

Undergraduate     Graduate     Post-Graduate

Full legal name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

List in chronological order all undergraduate and post baccalaureate schools attended or currently attending, including the University of Colorado. Request that an official copy of your transcript(s) from each college or university you have attended be sent directly to the Center for Cognitive Archaeology:

School	City and State	Dates attended	Program/Degree

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed application and all materials to:**

Certificate Program Director  
Center for Cognitive Archaeology  
University of Colorado  
Colorado Springs  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918