

Beginning term: _____



University of Colorado
Colorado Springs

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:

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