

**Microsoft Certification Course Application**

Spring 2003

**Office of Continuing Education  
Lehman College  
The City University of New York****Instructions**

The *Microsoft Certification Course Application* must be completed by all individuals wishing to register for Microsoft Professional Certification (MCP) courses. Submit an application even if you attended or applied to attend MCP courses at Lehman College during a previous semester. Applications will be processed in the order they are received. You will be contacted by the Program Coordinator following review of your application.

Mail or fax (718 733-3254) completed application to:

**Office of Continuing Education  
Microsoft Certification  
Lehman College  
250 Bedford Park Boulevard West  
Bronx, New York 10468-1689**

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<b>Semester</b>	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	<b>Year</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Name</b>	<input type="text"/>			<b>Soc. Sec. No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Address</b>	<input type="text"/>			<b>Apt No.</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>State</b>	<input type="text"/> <input type="text"/>	<b>Zip</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Day Telephone</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Evening Telephone</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Fax</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Email</b>	<input type="text"/>		
<b>Birth date</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	MM	DD	YEAR		

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**List the MCP courses you want to attend (see catalog for course codes and titles):**

<b>Course Code (e.g. 100)</b>	<b>Course Title (e.g. Microsoft Core Technologies)</b>
MCP <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
MCP <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
MCP <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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**Education**

**High School Attended**

**Diploma** Yes  No  GED

**Date of High School Diploma/GED**

MM YEAR

## Colleges Attended

Name of Institution	City/State	Dates Attended	Credits	Major	Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Other non-credit institutions/programs (incl. Cont Ed), technical training schools etc.

Name of Institution	City/State	Dates Attended	CEU's	Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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## Computer-related Training, Coursework and Certifications

List **all** formal computer training including MCP courses and MCP exams which you have passed (attach additional pages if necessary). Include name of institution, course title, total number of hours of course, dates, and grade (if any). Attach additional pages if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

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## Employment

Are you currently employed    yes     no

If yes, employer and position \_\_\_\_\_

Describe all work experience from current or previous employment related to program requirements (as stated in catalog). Attach additional pages if necessary.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please describe any other knowledge and experience you have related to program requirements (as stated in the catalog) not obtained through work or formal education. Attach additional pages if necessary.

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I certify that the information I have given on this application is accurate.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YEAR			

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FOR OFFICE USE ONLY                      Date application received 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YEAR			

