



Continuing Education and Outreach University of Wisconsin-Stevens Point

Professional Aquaponics Certificate Application

Name (First, middle, last): _____

Address: _____

City/State/Zip: _____

Phone (home): _____ (Cell): _____

Email: _____

I am a UWSP student: Undergraduate Graduate Transferred to UW-Stevens Point*

Major(s): _____ Minor(s): _____

My UWSP ID: _____

****Submit a copy of your transcripts with this application.***

I am a current student at: _____

Undergraduate Major(s): _____ Graduate Major(s): _____

I am a professional:

Title/Organization/Business: _____

<p>Mail Complete & print this form and mail to: UW-Stevens Point Biology Department 800 Reserve Street Stevens Point, WI 54481</p>	<p>OR</p>	<p>Email Complete this form and email as an attachment: Biology@uwsp.edu</p>
---	------------------	---

I have received information pertaining to the Aquaponic Certificate Program and am responsible for this information and information printed in the UW-Stevens Point Catalog and UW-Stevens Point Continuing Education and Outreach Registration. Consult with the Aquaponic Certificate Program Coordinator to plan your academic schedule.

<u>For Internal Use Only</u>					
<i>Aquaponics Certificate Coordinator</i>			<i>Continuing Education & Outreach</i>		
Approval to accept into program:	Yes	No	Acceptance/Denial Notification Sent:	Yes	No
Date application received:	_____		Date notification sent:	_____	