



**INTERDISCIPLINARY  
TELECOMMUNICATIONS  
PROGRAM** University of Colorado at Boulder

**ITP Certification Application Form**

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Name: \_\_\_\_\_

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

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Certificate Program (choose one):

- Computer and Network Security  Wireless Networks and Technologies

Beginning term (choose one):

- Fall semester  Spring semester 20\_\_ (year)

Estimated term of completion (choose one):

- Fall semester  Spring semester 20\_\_ (year)

Will you be taking the courses on the Boulder campus or via distance learning (CAETE)?

- On-campus  CAETE

Name of Current Employer (if applicable): \_\_\_\_\_

Please explain your educational and/or professional background in relation to the certificate program in which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all courses you have taken that have helped you prepare for the certificate program:

\_\_\_\_\_

\_\_\_\_\_

Please e-mail this form to [itp@colorado.edu](mailto:itp@colorado.edu) or fax it to 303-492-1112. Call 303-492-8475 for questions.

Registration information can be found at the CAETE website,  
<http://caete.colorado.edu/registration/default.aspx> or by calling 303-492-6331.