



**University of Massachusetts Lowell**  
 Division of Online and Continuing Education  
 One University Avenue  
 Lowell, MA 01854-2881

# Certificate Program in Security Management and Homeland Security

## Certificate Award Petition

<b>Student Information</b>	Name:	Date Submitted:
	Address Line 1:	Student ID #:
	Address Line 2:	Telephone:
	City:                      State:              Zip:	Email:

<b>Admissions Information</b>	Undergraduate Degree:	Major:
	School:	Date Received:
	Intended Degree at UML, if any:	Do you want counseling about a degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Course Method:</b>	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> CyberEd <input type="checkbox"/> Mixed
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### Courses Submitted Toward Certificate

*Please Note: Students must have attained a minimum 2.0 grade point average in order to receive a certificate.*

<b>Required Courses: (4)</b>	<input type="checkbox"/> CRIM.1150 Introduction to Homeland Security ( <i>formerly 44.115</i> ) <input type="checkbox"/> CRIM.2130 Emergency Management ( <i>formerly 44.213</i> ) <input type="checkbox"/> CRIM.3120 Security Management ( <i>formerly 44.312</i> ) <input type="checkbox"/> INFO.3850 Introduction to Information Security ( <i>formerly 90.385</i> )
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<b>Electives: (2)</b>	<input type="checkbox"/> CRIM.3490 Intelligence and National Security ( <i>formerly 44.349</i> ) <input type="checkbox"/> CRIM.2340 Criminal Law ( <i>formerly 44.234</i> ) <input type="checkbox"/> CRIM.2480 Terrorism ( <i>formerly 44.248</i> ) <input type="checkbox"/> CRIM.3260 Hate Crime ( <i>formerly 44.326</i> ) <input type="checkbox"/> CRIM.3420 Criminal Profiling ( <i>formerly 44.342</i> ) <input type="checkbox"/> CRIM.3430 Forensic Psychology ( <i>formerly 44.343</i> ) <input type="checkbox"/> CRIM.3480 Advanced Seminar on Weapons of Mass Destruction and Terrorism ( <i>formerly 44.348</i> ) <input type="checkbox"/> CRIM.3800 Selected Topics in Criminal Justice ( <i>formerly 44.380</i> )
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<b>Substituted or Transferred Course</b> <i>(only one course permitted)</i>	Course Name:	College Where Taken:	Year:
	Substituted for UML Course:		

<b>Signatures</b>	Student Signature:	Date:
	Program Coordinator Signature:	Date:

**Send completed form to:** University of Massachusetts Lowell, Online and Continuing Education, One University Avenue, Lowell, MA 01854-2881.  
**Questions?** Call our Advising Center at 1-800-480-3190 for assistance, or check out our website at <http://continuinged.uml.edu>

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