

UNIVERSITY OF MASSACHUSETTS LOWELL CONTINUING STUDIES, CORPORATE and DISTANCE EDUCATION

PROJECT MANAGEMENT

NON-CREDIT CERTIFICATE AWARD PETITION

Date Submitted:	
Name:	Position/Title:
Home Address:	Phone:
(street)	
	Email Address:
(city) (state) (zip)	211111111111111111111111111111111111111
Company Name:	Company Address:
Company Ivanic.	(city) (state) (zip)
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SEMINADS COMDI ETER	FOD CEDTIFICATE (Check)
SEMINARS COMPLETED FOR CERTIFICATE (Check)	
REQUIRED SEMINARS (3)	
00.608 Project Management: Planning & Scheduling	Date Completed:
00.609 Project Management: Resources & Budgeting	Date Completed:
00.614 Risk Management	Date Completed:
ELECTIVES (Choose 3)	
00.610 MS Project	Date Completed:
00.613 Boot Camp	Date Completed:
00.616 Leadership Skills	Date Completed:
00.617 Effective Organizational Skills	Date Completed:
00.618 Negotiation Skills	Date Completed:
00.619 Business Law for Project Managers	Date Completed:
00.620 Advanced MS Project	Date Completed:
00.623 Project Management Capstone Seminar	Date Completed:
00.624 Conflict Resolution	Date Completed:
00.625 Procurement & contract Management	Date Completed:
00.626 Communication & Team Management	Date Completed:

Fax completed form to 978-934-2028 or Mail to:

Karen von Sneidern • Southwick 303 • University of Massachusetts Lowell Continuing Studies, Corporate & Distance Education • One University Avenue • Lowell • MA • 01854-2881