

**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
INTERDISCIPLINARY WASTE MANAGEMENT INSTITUTE**

Enrollment in the Waste Management Certificate Program
"Highlighting your training in Waste Management and Environmental Issues"

Name: _____
Type/Print full given name which will appear on your certificate

Social Security Number: _____

Local Address: _____
Street/Apt.#, City and State/Zip Code

Local Phone Number: _____ E-mail Address: _____

Permanent Address: _____
Street/Apt.#, City and State/Zip Code

Home Phone Number: _____

School/College: **AGRICULTURE** Major: **EASC**
Agric., Arts & Sci., Educ., Bus. & Econ., Engr., Nurs., Technology

Degree _____ Date Completed/Expected _____

A. List of Suggested Environmental/Waste Management courses:

***WMI-333 CAPSTONE SEMINAR IS REQUIRED* (See WMI Website)**

EASC 201, EASC 309, EASC 330, EASC 444, EASC 616, EASC 622, EASC 644, EASC 666,
EASC 699, SLSC 640, OSH 312, OSH 411

B. Other Environmental/Waste Management experiences (internships, projects completed, volunteer work, etc.) Attach a statement.

I understand that to earn a certificate in waste management for the semester/summer indicated above, I must have completed a minimum of 18 credit hours of approved waste management/related courses, and have a minimum GPA of 2.0.

Signature _____ Date: _____

SUBMIT THIS FORM TO:

Dr. Godfrey A. Uzochukwu, Director
Waste Management Institute
Carver Hall
(336) 334-7030 Fax: (336) 334-7399
uzo@ncat.edu www.ncat.edu/~wmi