

# GRADUATE CERTIFICATE TRANSIT OPERATIONS AND MANAGEMENT Application Form

Name: \_\_\_\_\_  
Last First Middle

SPIRE # \_\_\_\_\_ UMASS Email: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current UMass degree program/department: \_\_\_\_\_

(Circle one): Masters PhD

Advisor: \_\_\_\_\_ (name/dept)

Committee members if known: \_\_\_\_\_ (name/dept)  
\_\_\_\_\_  
\_\_\_\_\_

Date entered current graduate program: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree(s) previously earned:

\_\_\_\_ (degree, program, college/university)  
\_\_\_\_ (degree, program, college/university)  
\_\_\_\_ (degree, program, college/university)

Certificate Plan of Study (course #, title, semester)

1.	CEE 510	Public Transportation Systems	_____
2.	CEE 518	Intelligent Transportation Systems	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Anticipated dates of internship \_\_\_\_\_

Anticipated Summer Workshop \_\_\_\_\_

A hard copy of the completed application and supporting documents should be mailed or delivered to the  
Graduate Program Coordinator, Transportation Engineering, Marston Hall Room 214B, UMass, Amherst, 01003.

Student's signature: \_\_\_\_\_ Date Application submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For Office use only:**

Application reviewed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student notified on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial Advising Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Accepted

by \_\_\_\_\_

with \_\_\_\_\_

Not Accepted