



MOUNT ST. MARY'S UNIVERSITY

**Project Management/
Organizational Development
Declaration of Certificate**

ID# _____

Date: _____

Name: _____

(PLEASE PRINT NAME AS IT WILL APPEAR ON CERTIFICATE)

Address: _____

All requirements will be completed by _____

(DATE)

Desired Certificate (Please Check)

- Project Management Certificate (Only)**
- Project Management Certificate and MBA Degree**
- Organizational Development Certificate (Only)**
- Organizational Development Certificate and MBA Degree**

Student Signature