

CORDOBA UNIVERSITY

45150 Russell Branch Parkway, Suite 303, Ashburn, VA 20147-2902

Telephone: 571-223-0500 / Facsimile: 571-223-0544

www.cordobauniversity.org

APPLICATION for CERTIFICATE PROGRAM

Please print clearly and complete ALL applicable fields.

Islamic Studies certificate

Christian-Muslim Dialogue certificate

1. **Name:** _____
First Middle Last (please use COMPLETE LEGAL name)

Date of Birth: _____ Female Male

Address: _____

e-mail: _____
Phone(s): _____

2. **Social Security Number:** _____

U.S. Citizen Visa status:¹ _____

3. **Academic Institution(s) Attended:**²

Institution's Name: _____

Institution's Address: _____

Website: _____ Dates attended: _____ to _____

Cumulative Grade Point Average: _____

Degree Received: _____ Date Conferred: _____

4. **Signature:** I certify that the information I have provided on this application is complete and accurate.

Signature of Student

Date of Application

Mail completed application, supporting documents and \$25 fee to:

CORDOBA UNIVERSITY

45150 Russell Branch Parkway, Suite 303, Ashburn, VA 20147

Attention: Admissions Office

¹ If not a U.S. citizen, you must have valid visa status to register for course(s) in the certificate program.

² Proof of a bachelor's degree or graduate degree is required for enrollment in this certificate program.