**Lowell Institute for Mineral Resources**

**Certificate in Mining Studies**

 Return to:

 pbosco@email.arizona.edu

 1235 E. James E. Rogers Way Ph # (520) 621-5259

 P.O. Box 210012 – Mines 209

 The University of Arizona Fax# (520) 621-8330

 Tucson, AZ 85721-0012

  **Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial:\_\_\_\_\_\_**

 **Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **City** **State** **Zip Code**

 **Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Work Address**:

 **City** **State** **Zip Code**  **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email Address:**

 **Date of Birth (needed for computer account) Month\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_**

 **Highest degree received to date. Degree \_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_ Cum. GPA \_\_\_\_\_\_\_**

 **University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Have you taken any CMS or EduMine courses in the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_**

 **If yes, email us a list of courses, provider, and date completed.**

**This is a non-credentialed professional certificate. A transcript is issued by the CMS program but an official university transcript is not issued. Courses do not transfer into degree programs at universities.**



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**CURRENT AND PAST EXPERIENCE IN THE MINING INDUSTRY (hit return at end of each line and select next line to continue text)**

**WHY WOULD YOU LIKE TO PARTICIPATE IN THE CMS PROGRAM? (hit return at end of each line and select next line to continue text)**

**HOW WILL THE CMS BENEFIT YOUR CAREER? (hit return at end of each line and select next line to continue text)**

**HOW LONG DO YOU ANTICIPATE IT WILL TAKE YOU TO COMPLETE THE CMS PROGRAM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE EMAIL YOUR CURRENT RESUME AND AN UNOFFICIAL COPY OF THE TRANSCRIPTS FROM YOUR PREVIOUS DEGREES.**