



Post-Baccalaureate Certificate in Crime Analysis

Check-out Sheet

Name: _____

Name to appear on Certificate: _____

Student ID Number: _____ RU E-mail Address: _____

Telephone Number (day): _____

Local Mailing Address: _____

City: _____ State: _____ Zip: _____

Certificate to be completed: _____

Term of certificate completion: _____

Course Number	Course Name	Semester/Year Taken	Grade	Verified by Graduate College
CRJU 670	Criminal Justice Research Methods			
CRJU 671	Quantitative Methods in Criminal Justice Research			
CRJU 672	Applications in Crime Analysis			
CRJU 673	Crime Mapping			
CRJU 676	Environmental Criminology			

Student Signature*: _____ Date: _____

Certificate Coordinator Signature*: _____ Date: _____

Graduate College Signature: _____ Date: _____

**If submitted electronically, E-mail will serve as signature.*

**Rebecca Conner, Director of Graduate Enrollment
 College of Graduate and Professional Studies
 P.O. Box 6928, Radford, Virginia 24142
 Lucas Hall - Phone: 831-6296**