UCI Division of
Continuing Education

Certificate Request Form
Web Intelligence Certificate Program

Use this form when you have completed all the required and elective courses in the Web Intelligence Certificate Program. Please allow up to 4 weeks for certificate processing after final grades have been verified.

CERTIFICATE PROGRAM: WEB INTELLIGENCE

Name: _____
(Please print your name as you would like it to appear on your certificate.)

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Day Phone: _____ Alternate Phone: _____

Email: _____ Last 4 digits of SSN or Student ID#: _____

REQUIRED PAYMENT METHOD:

☐ My check for $125 is enclosed (payable to Regents of the University of California)

Charge to: ☐ Visa   ☐ MasterCard   ☐ American Express

Account Number: _____ Exp. Date: _____

Cardholder Name: _____

Billing Address: _____

Authorizing Signature: _____

(OPTIONAL) IF YOU WOULD LIKE US TO NOTIFY YOUR EMPLOYER THAT YOU'VE COMPLETED YOUR PROGRAM, PLEASE COMPLETE THIS SECTION:

Supervisor Name: _____ Title: _____

Company: _____ Email: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Mail or fax this form to:

UCI Division of Continuing Education Records Office
510 E Peltason Dr.
Irvine, CA 92697

Rev: 10/21