

**DEPAUL UNIVERSITY  
INSTITUTE FOR PROFESSIONAL DEVELOPMENT**

**IT PROJECT MANAGEMENT PROGRAM  
APPLICATION FORM**

Institute for Professional Development  
243 S. Wabash Ave, Room 301  
Chicago, IL 60604-2300  
Phone: (312) 362-6282  
Fax: (312) 362-5679

\_\_\_\_ Mr. Last Name First Name M.I. Social Security Number  
\_\_\_\_ Ms.

**Home Address** Street City State Zip Code

Email Phone Birthdate

**Work Address** Name of Employer Phone

Street City State Zip Code

**List below the educational institutions you have attended or are attending.**

Name of Institution	Location	Major Field	Degrees or Diploma (e.g., B.A., M.S.)	Date Received Or Expected
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**Title of current/prior position:** \_\_\_\_\_

**Describe your current/prior responsibilities:**

Is your firm financially sponsoring you for this certificate program? Yes \_\_\_\_ No \_\_\_\_

**Briefly state why you are interested in this program:**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Application Fee of \$40.00 (make check payable to DePaul University) must be enclosed for application to be processed.

**If you have a moment, please tell us how you first heard about this program:**

Circle one: Referral World Wide Web Print Advertisement Other: \_\_\_\_\_

**IT PROJECT MANAGEMENT PROGRAM APPLICANTS:**

*This form must be completed and attached to your application in order for the admissions committee to review your qualifications for acceptance to the program.*

**Please describe the professional IT projects you have worked on.** Include description and complexity, duration, and your role/contribution to the project.
