

INDIANA UNIVERSITY School of Public Health Bloomington

# **Certificate of Underwater Resource Management**

Name:				
	ast	First	Middle	
Student ID N	umber:		Date Submitted:	
Local Addres	SS:			
Permanent A	ddress:			
Contact Phon	ne:	Em	ail Address:	
Name of Div	ision or School:		Major:	
Number of co	ollege credit hour	rs completed to dat	e:	
Student stand	ling:	Expect	ed date of graduation:	
Indicate Are	eas of Interest:			
<ul> <li>Archaeolo</li> <li>Resource</li> <li>Water Qu</li> <li>Policy and</li> <li>Aquatic P</li> <li>Recreation</li> </ul>	Management and ality Assessment d Park Developm Parks and Preserv nal Dive Industry School/Educatio	d Cultural Resourc d Park Administrat ts nent res y		
	tt Courses Take	n:	Semester/Year	Grade



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# **Certificate of Underwater Resource Management**

List your dive certifications and describe any scuba diving experience.

The Certificate requires a minimum of 18 credits required through the School of Public Health. The program focuses on the use of scuba as a tool in research, education, and interpretation of underwater resources with emphasis on park development, management, and sustainable use of cultural and biological resources.

## Acceptance to the Program requires the following:

### • Application Form

• Letter of Intent (Please attach a letter explaining your reasons for pursuing the Certificate and how it relates to your current studies.)

### **Statement of Understanding:**

I, the undersigned, understand that I am required to meet with the program director and supporting faculty for approval of curriculum, and the completion of the Underwater Resource Management Certificate Program requires a minimum of 24 credits (18 within the School of Public Health).

Applicant Signature	Date
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For Office Use Only	
Application Received on:	Reviewed by:
	<i>Reviewed by</i>