

CERTIFICATE TRANSIT OPERATIONS AND MANAGEMENT

Certificate Completion Form

Name: _____

Last

First

Middle

SPIRE # _____ UMASS Email: _____

Local Address: _____ Phone: _____

Current UMass degree program/department: _____

Advisor: _____ (name/dept)

Date accepted into program: ____/____/____

Coursework taken (course #, title, semester, grade)

- | | | | | |
|----|---------|------------------------------------|-------|-------|
| 1. | CEE 410 | Public Transportation Systems | _____ | _____ |
| 2. | CEE 418 | Intelligent Transportation Systems | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

GPA for these courses _____

Internship

Dates _____

Signatures:

UMass Transit _____ CTTransit _____

Attach a brief summary of your internship experience.

Summer Workshop Dates _____

A hard copy of the completed form and supporting documents should be mailed or delivered to the Program Coordinator, Transportation Engineering, Marston Hall Room 214B, UMass, Amherst, 01003.

Student's signature: _____ Date Completion Form submitted: ____/____/____