

Graduate Certificate in Conflict and Dispute Resolution

Information Interest Form

Please provide the following information to help us understand your background and keep in touch with you. Return this form to the CDR in the Park Central Office Building room 212 or via fax (417) 836-8288.

Personal Information

Name: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone # (home): _____

(work): _____

(cell): _____

MSU M-number _____

Professional Information (*Profession/Field/Professional Goals*):

Academic Information

☐ Bachelor's Degree in Progress – Major Area: _____

Academic Advisor: _____

☐ Completed Bachelor's Degree – Major Area: _____

☐ Master's Degree in Progress – Major Area: _____

Academic Advisor: _____

☐ Completed College Courses in Conflict, Mediation, or a Related Area – Please list: _____

Mediation Experience/ Conflict Management Training (*If applicable*)

Program Information

Have you applied yet for the Graduate Certificate program? ☐ Yes ☐ No ☐ Not sure

Anticipated date for beginning Certificate program: _____

Anticipated date for completing Certificate program: _____

How did you hear about the certificate?

☐ Advisor: _____

☐ Class Presentation: _____

☐ Other: _____



The Center for Dispute Resolution Training • Workshops • Mediation
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