

## Geographic Information System (GIS) Certificate Program Declaration of Intent

Name:(Last, First, M	I)		Date:
Tulane ID#:			
Major:			
Type of GIS Certificate (select one):	Undergraduate	Graduate	Professional
Expected Graduation Date:			
Expected Certificate Completion Date*	:		
*Note: It is not recommended that you plan to c required courses will be taught in one academic	1 1	gram. It is not	guaranteed that all of the

## Submit this form by clicking the button below or emailing this document to gis@tulane.edu.