



THE CIVIL WAR Application for Certificate Program

Name: _____
(Last) (First) (M.I.) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Date of Birth: ____ / ____ / ____ Social Security# _____

Applying for: Fall 20 ____ Spring 20 ____ Summer 20 ____

I agree to the terms outlined in the Manor College Civil War Certificate Program.

Signature of Applicant: _____ Date: _____

Note: Please maintain a record and notify the Professional Development Department when you have completed requirements for the program.

Manor College
700 Fox Chase Road
Jenkintown, PA 19046
(215) 884-2218
www.manor.edu