CYBER SECURITY CERTIFICATION TRAINING EVALUATION

OLD DOMINION UNIVERSITY
Office of Transfer Initiatives
Student Success Center
Norfolk, Virginia 23529
Phone 757-683-6932
transfercenters@odu.edu

STEP 1- STUDENTS- COMPLETE THE FOLLOWING:

STUDENT NAME: _____ UIN# _____, is requesting credit based off the successful completion of the following certification(s):
(Check one or two):

        _____ CompTIA Security+

        _____ CISSP: Certified Information Systems Security Professional

        _____ CEH: Certified Ethical Hacker

        _____ CISM: Certified Information Security Manager

        _____ CISA: Certified Information Systems Auditor

PLEASE ATTACH YOUR CERTIFICATION(S) TO THIS FORM AND E-MAIL TO: DR. SALTUK KARAHAN, skarahan@odu.edu

STEP 2- FACULTY- COMPLETE THE FOLLOWING:

Experiential credit (XP) to be awarded for holding the above certifications. Circle the appropriate amount of credit. Each certification entitles the student to three credits for CYSE 3ELE:

                3 credits   **6 credits**

Denial of academic credit:
Academic credit denial due to:

Signed by:

_____ Date: _____
(faculty reviewer)

AFTER REVIEW AND SIGNATURE, E-MAIL THIS COMPLETED FORM TO DANIELA CIGULAROVA, dcigular@odu.edu