

Infrastructure Disaster Management Certificate

STUDENT INFORMATION

(Your name will appear on your certificate as written. Please use your legal name. Enter or Print Clearly)

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Date of Birth: _____ FEMA SID #: _____ TEEX Student ID: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

AFFILIATION INFORMATION

Agency Name: _____ Position/Title: _____

Required Courses:

Note: All courses must be taken within five (5) years of the date of the application.

Disaster Management for Public Services and Public Works (MGT317)

Disaster Preparedness for Healthcare Organizations within the Community Infrastructure (MGT341)

Disaster Management for Water and Wastewater Utilities (MGT343)

Disaster Management for Electric Utilities (MGT345)

Disaster Recovery Public Assistance Programs, An Introduction (MGT482)

Please email or fax to:
ITSI@teex.tamu.edu
Phone #: 800-723-3811
Fax #: 979-458-1426

FOR TEEX USE ONLY

Date Application Received: _____ Date Application Approved: _____

Approved By: _____

Date Certificate Issued/Mailed: _____ Issued By: _____

TEEX reserves the right to modify the certificate criteria, and it is subject to change without notice. Students will be responsible for the cost of the certificate if an additional copy is requested. TEEX will contact you when additional fees apply before processing your application.