**Cybersecurity and Crisis Management Verification Form**

Please complete and submit to Michael Vesely at the Center for Health and Homeland Security, Room 201 (Russell Street Building) or by email ([mvesely@law.umaryland.edu](mailto:mvesely@law.umaryland.edu)) before April 1 of your final law school semester (November 1 for December graduates).

Student Name:

Address to send certificate:

Personal email if you wish to be on the Center for Health and Homeland Security Alumni Listserv after graduation:

Anticipated Graduation Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **I. Classroom Component** | **Semester,**  **Year** | **Professor** | **Credits Applied**  **Toward**  **Certificate** |
| **Core Classes** (12 credits required; 5 of these credits may come from experiential learning) |  |  |  |
| Law and Policy of Cybersecurity |  |  |  |
| Law and Policy of Emergency Management |  |  |  |
| Law and Policy of Emergency Public Health Response |  |  |  |
| Homeland Security and the Law of Counterterrorism |  |  |  |
| National Security, Foreign Intelligence, and Privacy |  |  |  |
| Cyber Crime |  |  |  |
| **Elective Classes** (not necessarily considered cybersecurity or crisis management, but may be used to satisfy the overall credit requirement – please see program description for the list of qualifying courses) |  |  |  |
| Course: |  |  |  |
| Course: |  |  |  |
| Course: |  |  |  |
| **II. Experiential Component**  (at least 3 credits required and no more than 5 credits can be applied to the 12 Core Credits listed above) |  |  |  |
| Center for Health and Homeland Security Externship (4-7 *credits)* |  |  |  |
| Approved Externship (3-5 *credits*) |  |  |  |
| **III. Research & Writing Component** (indicate how completed, e.g., seminar paper, advanced writing requirement, etc.) |  |  |  |
|  |  |  |  |

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Departmental Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**