

THE UNIVERSITY OF AKRON

Center for Conflict Management

Major in changing your world... Minor in Conflict Management

Family Name (Last Name):_		Given Name (First Name):
Current Address:		Active Email Address:
		Current Telephone:
		ID Number:
Current Major:		Anticipated Graduation Date:
loday's Date:		
Please indicate which certifi	cate (or the minor) you plan t	o pursue:
Current GPA:	I am a (circle one):	High School Senior College Freshman Sophomore Junior Senior Graduate Student

Do you have any experience in this area, such as in peer mediation, church ministry, or criminal justice? Explain.

To Join Us schedule a meeting with the Director as soon as possible and bring this filled out form to that meeting. To qualify for scholarship consideration, you must have taken (or be currently taking) the required core classes in conflict management.

Please return this form to the Center for Conflict Management Office, located in 202 Olin Hall If you have any questions, please contact the Center Director, Dr. Bill Lyons, anytime at wtlyons@uakron.edu or 972-5855