



The University of Akron

## Center for Conflict Management

*Major in changing your world...minor in conflict  
management*

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**Please Print Clearly (particularly your email address)**

Family Name:

Given Name:

Email:

ID#:

Major:

Anticipated Graduate Date:

Current GPA:

Year in College:

Hometown:

Hobby:

Have you studied or practiced conflict mangement before:

What are your goals related to this certificate as your secondary concentration?

You can find details about the Center for Conflict Management at  
[www.uakron.edu/conflict](http://www.uakron.edu/conflict)

Once you complete this form, please return it to:

Bill Lyons, Director  
Center for Conflict Management  
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(330) 972-5855  
[wtlyons@uakron.edu](mailto:wtlyons@uakron.edu)