

National CyberWatch Center Academic Institution Membership Application



Request for Membership

Institution Name: _____

Street Address/Office: _____

City, State, Zip Code: _____

I have read the National CyberWatch Center Academic Institution Membership Agreement and agree to accept the assigned benefits and obligations as a member institution.

The information regarding our institution's designated faculty contact is listed on the following page. We understand that all faculty that currently support our Cybersecurity, Information Technology, Computer Science and Cyber-related courses are eligible to request membership under our institutional membership agreement. Benefits listed in this document are available to all faculty that "opt in" to membership by submitting their contact and requested information through this institution's designated faculty contact.

The institution listed above is a post-secondary institution, nationally accredited by

_____ to grant certificates and/or degrees.

A handwritten signature in blue ink, appearing to read 'Casey O'Brien'.

Senior Administration Official

Casey O'Brien
Executive Director & Principal
Investigator, National CyberWatch
Center

Printed name

Date

Email

Phone

Date

cobrien@nationalcyberwatch.org
Email

(443) 840-2835
Phone



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Faculty Representative Contact Information

The faculty person listed below has agreed to serve as the institution’s main contact for submitting and verifying information on faculty that wish to “opt in” to this institutional membership in the National CyberWatch Center.

First Name: *		
Last Name: *		
Title:		
Email: *		
Street Address*		
Suite or Office:		
City: *		
State, Zip Code: *		
Phone: *		
Department:		
Highest Academic Degree: *		
Security Credentials held:		
Area(s) of cybersecurity expertise: *		
Security Courses Taught: *		

Information on your institution’s cybersecurity programs:

List Degrees and Certificates offered:	
URL to degree and certificate programs:	
URL to cybersecurity courses:	

* Required fields

