

National CyberWatch Center Academic Institution Membership Application



Request for Membership

Institution Name: _____
Street Address/Office: _____
City, State: _____
Country, Postal 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 Cybersecurity, Information Technology, Computer Science and Cyber-related courses are eligible to request membership under our institutional membership agreement. Membership benefits 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, accredited by _____ to grant certificates and/or degrees.

Senior Administration Official Signature

Printed name

Title

Date

Email

Phone



National CyberWatch Center Official

Casey O'Brien

Printed name

Executive Director & Principal Investigator

Title

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: *			
Country, Postal Code: *			
Phone: *			
Department:			
Your Highest Earned 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:	
Institution URL:	

* Required fields

