

# Intergroup Dialogue Certificate Application

Please download and complete this form.

## Personal Information

University ID

First Name

Last Name

Telephone Number

IU/IUPUI Email

Current Major (if applicable)

Expected Graduation Date

Which school would you like to earn the IGD Certificate from?

Age range (for demographic purposes):

18-20

21-25

26-30

30+

**NOTE:** If a dialogue box does not appear when you click Submit, please download the completed form as a PDF and send it as an e-mail attachment to [igd@iupui.edu](mailto:igd@iupui.edu).