



# NEW YORK CITY MANAGERIAL EMPLOYEES ASSOCIATION

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## NYCMEA/CUNY Certificate Program Expression of Interest Form

I wish to enroll in the CUNY Certificate Program

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Certificate Program: \_\_\_\_\_

\_\_\_\_\_

Undergraduate Level: \_\_\_\_\_ Graduate Level: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Comments: