



GRADUATE CENTER FOR GERONTOLOGY

GRADUATE CERTIFICATE IN GERONTOLOGY APPLICATION FOR ADMISSION

Name: _____

Student ID # : _____ E-mail Address: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

I. List any undergraduate and graduate degrees you have earned:

Institution	Degree	Major	Date	GPA

II. Are you pursuing the Certificate in Gerontology in conjunction with a graduate or professional degree at the University of Kentucky?

Yes Please complete the table below regarding your graduate/professional program.

College	Semester/Year of Enrollment	Anticipated Date of Completion
Prospective Degree	Specialization	

No Have you applied to the University of Kentucky Graduate School? YES NO

Have you been accepted to the University of Kentucky Graduate School? YES NO

III. Specify the year and term in which you expect to begin work toward the Certificate:

Fall Spring Summer Year _____

IV. Specify the year and term in which you expect to complete Certificate requirements:

Fall Spring Summer Year _____

V. Describe any work experience relevant to Gerontology:

VI. Briefly describe (a) your reason(s) for interest in the Graduate Certificate in Gerontology, (b) your career goals in relation to Gerontology and (c) the specific topic in Gerontology in which you are most interested:

a)

b)

c)

VII. You may request credit for up to six hours of pre-approved certificate courses already completed:

** Note: Courses taken to complete required hours for an undergraduate degree cannot be used to complete course requirements for a graduate certificate.*

Course #	Course Title	Grade	Date Completed

VIII. Are you a member of the faculty or staff of the University of Kentucky? YES NO

If yes, list your title or classification: _____

Department: _____

IX. Please list full addresses of two professional, employment or academic references. If you are currently pursuing a graduate degree, one reference must be from a faculty member in your academic department. If you attended a college/university in the last 5 years, one reference must be from a faculty member or instructor that can offer an academic (classroom) reference. **Letters of reference must address the following:** How long you have known the applicant and in what context; how successful you believe the applicant will be in completing courses from a multiple of departments within the Graduate School and then synthesizing the knowledge attained; what contributions you think this applicant will make to the field of Gerontology over his/her career. **Letters of reference must be submitted by their authors (not by the applicant)** to Melody Hall by either U.S. mail, campus mail (Graduate Certificate Council, 121 Washington Ave. RM 212, Lexington, KY 40536), or email (mhall@uky.edu).

Reference 1

Mr. Ms. Mrs. Dr.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Reference 2

Mr. Ms. Mrs. Dr.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

X. I certify that the statements in this application are correct and complete.

Signature

Date

Please submit completed application to:
Melody Hall
Graduate Certificate Council
121 Washington Ave. RM 212
Lexington, KY 40536
mhall@uky.edu