

GRADUATE CERTIFICATE IN GERONTOLOGY APPLICATION FOR ADMISSION

Name: _____

Student ID #: _____ E-mail Address: _____

Home Address: _____ Home Phone: _____

Office Address: _____ Office Phone: _____

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

Institution	Degree	Major	Date	GPA

II. Complete A or B:

A. I am pursuing the Certificate in Gerontology in conjunction with a graduate degree: YES NO

If yes, when did you enroll in the graduate program? _____

College	Anticipated Date of Completion
Prospective Degree	Specialization

B. I currently hold a degree and am pursuing only the Certificate in Gerontology: YES NO

I have applied to the University of Kentucky Graduate School: YES NO

Have you been accepted? YES NO

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

Year _____ Fall Spring Summer

Anticipated date of completion of Certificate requirements: _____

IV. Describe any work experience relevant to the field of aging:

V. Briefly describe (1) your reason(s) for interest in the Graduate Certificate in Gerontology (2) your career goals in relation to gerontology and (3) the specific topic in gerontology in which you are most interested:

1)

2)

3)

VI. 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

VII. Please list full addresses of two professional, employment or academic references. The Certificate Office will contact these references directly. 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.

Reference 1

Mr. Ms. Mrs. Ph.D.
(check one)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Reference 2

Mr. Ms. Mrs. Ph.D.
(check one)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

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: _____

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

Signature

Date