

**UK** UNIVERSITY OF KENTUCKY  
 Graduate Center for Gerontology  
**GRADUATE CERTIFICATE IN GERONTOLOGY**  
**APPLICATION FOR ADMISSION**  
 (Please Type)

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

SS# or 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