Image: State print and avoid contact with the edge of the box ABCD1234	Graduate Certificate Program in Gerontology Thompson Home Wayne State University School of Social Work 4756 Cass Avenue Detroit, Michigan 48202 Phone: (313) 577-4409 Fax: (313) 577-8770
Application for Fall Semester: Academic Year 2 0 Date of Application Social Security Number Image: Ima	Date of Birth
First Name MI Last Name Address Address	
	State/Province ZIP/Postal Code Image: State in the image: State in t
Name, Address, and Telephone Number of Person(s) to be notified in case of emergency First Name Last Name	<i>r</i> :
Address	
City S	State/Province ZIP/Postal Code
Home Phone Business Phone Ce Image: I	
Country of Citizenship: O United States O Canada O Other Are you a resident of Michigan? O Yes (more than one year) O Yes (less than one year)	ear) O No
Ethnicity: This information is requested on a voluntary basis to fulfill reporting obligations of the University. Please identify your ethnic background by checking the appropriat United States (includes non-citizens with resident visas) 0 1. Native-American 0 5. Puerto F 0 2. Asian American 0 6. White 0 3. African American 0 7. Biracial 0 4. Mexican/Chicano American 0 8. Other	te box:
Foreign Type of Visa O In U.S. on student visa O F1 O Other	



Term in which you expect to begin Certificate in Gerontology Program course work.

Term: 🗌 Winter	Spring/Summer	🗌 Fall	
Year:			

Please list, in chronological order, all colleges/universities you have attended.

Undergraduate Colleges or Universities		
Name		Received/Expected
	Date of Entry Date of Departure Degree or Diploma	Date of Degree
City and State		
	Month Year Month Year	Month Year
Name		Received/Expected
	Date of Entry Date of Departure Degree or Diploma	Date of Degree
City and State	Month Year Month Year	Month Year
		Month Tear
Name		Received/Expected
	Date of Entry Date of Departure Degree or Diploma	Date of Degree
City and State		
	Month Year Month Year	Month Year
Undergraduate Major	Undergraduate Minor(s)	
Name Graduate School	Date of Entry	
City and State	Date of Departure Degree or Diploma	Received/Expected Date of Degree
	/ [/ [] [_] [Month Year
Graduate Major	Graduate Minor	
Official Transcripts of Undergraduate and Graduate S	Study: O Have been sent O Will be sent	

Indicate any other names under which transcripts will be sent:



You will also need to include the following items with this application:

Personal Statement: Briefly describe your interest and your reason for applying to the Graduate Certificate in Gerontology Program. What special experiences, goals, and objectives do you bring to this program that support or strengthen your interests in workin in the field of aging? Your personal statement should be one to two pages in length and should be sent or delivered to the address on the top of page one.

<u>Course Work:</u> A plan of work will need to be completed at your personal interview with the admissions advisor for the Graduate Certificate Program. A total of 12 credit hours are required.

<u>Transcripts:</u> Submit an official transcript for all undergraduate and graduate programs attended (uncertified copies are acceptable).

References

Each applicant is asked to request letters of reference from three (3) individuals (copies of the request letter are included in the application packet). One letter needs to come from an academic advisor or someone who is knowledgeable regarding your academic abilities, and two from people who have worked with you and, if applicable, know your work with older adults. The letters should be sent to the address on the first page at the top of this form. Please enter the names of your references with their contact information.

Name	Phone	E-Mail Address

Have you ever been convicted of a felony? O Yes O	felony? O Yes O No
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Statement of Certification

I hereby apply for admission to the Graduate Certificate Program in Gerontology in the School of Social Work, Wayne State University, and certify that the information in this application is correct and complete. I understand that information submitted herein will be relied upon by officials of Wayne State University School of Social Work to determine my status for admission eligibility. Further, I understand that submission of false information is grounds for rejection of my application, cancellation of enrollment, or appropriate disciplinary action.

Signature		Month	Day	Year
eignature	Date:	\square	\square	

Informational Meetings

The Graduate School of Social Work has informational meetings regularly throughout the academic year. All prospective applicants are encouraged to attend a session prior to completing an application. Please call (313) 577-4409 or check the website: www.socialwork.wayne.edu for information regarding the next scheduled meeting.

NOTICE: IT IS THE POLICY AND PRACTICE OF WAYNE STATE UNIVERSITY THAT ALL PROGRAMS ARE AVAILABLE TO ALL STUDENTS WITHOUT REGARD TO RACE, SEX, CREED, NATIONAL ORIGIN OR HANDICAP STATUS.