



CERTIFICATE PROGRAM APPLICATION

Certificate Program participants must remain in good standing in academic courses including field internship and will be required to attend 20 hours of approved professional development related to the certificate. The student is responsible for documenting that all requirements for the certificate have been successfully completed. Please return completed form to the corresponding Certificate Coordinator.

Applying for (check one): Health Care Social Work Military Social Work Practice School-based Social Work Practice

Student Information:

Name: _____ EID: _____

Phone: _____ Email address: _____

Concentration (check one): Clinical APP Program of Study: _____ Graduation Date: _____
(i.e. 1, 2, 3yr)

Expected Courses to Fulfill Program Requirements:

| Course # | Unique # | Semester/Year | Course Title | Professor |
|----------|----------|---------------|--------------|-----------|
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Field experience (completed or planned):

Professional Development Plan (20 hours):

What are your career goals and how does your participation in this Certificate Program support them?

***I agree to comply with the requirements outlined on this application.

Student Signature:

_____ Date

Certificate Coordinator Signature:

_____ Date

Assistant Dean for Master's Programs Approval:

_____ Date