

**APPLICATION FOR ADMISSION TO THE GERONTOLOGY CERTIFICATE PROGRAM
(TO BE COMPLETED BY STUDENT)**

(PLEASE TYPE OR PRINT)

Date: _____ S.S.#: _____

Name: _____ Contact Phone: _____

Address: _____ Gender: _____ Male _____ Female

_____ Date of Birth: _____

E-mail Address: _____

Resident Status: Resident of Nebraska: _____ Non-Resident: _____

Would you like to be identified with any racial or ethnic group?

___ Caucasian/White ___ Hispanic-Mexican, Cuban, Puerto Rican ___ American Indian/Alaskan Native
___ African American/Black ___ Asian-American, Pacific Islander ___ Do not wish to respond

PREVIOUS COLLEGE EDUCATION

<u>Name of School</u>	<u>Location</u>	<u>Major Field</u>	<u>Mo. & Yr. Attended</u>		<u>Degree</u>	<u>Year of</u>
			<u>From</u>	<u>To</u>	<u>(if any)</u>	<u>Degree</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Degree program that you are in or wish to enter: Bachelor _____ Master _____ Non-Degree _____

Department: _____

College: _____ Campus: _____

Are you presently enrolled in a degree program? _____ Yes _____ No Admission Date: _____

Do you wish to enroll in the Gerontology Certificate Program only, without working toward a degree in another department?
_____ Yes _____ No, I plan to work toward a degree. (If "yes" you must also apply to be accepted as a non-degree/
unclassified student in an undergraduate college or graduate studies at UNO, UN-L, or UNMC.)

If you are not presently enrolled in a degree program, have you been officially accepted into a program? _____ Yes _____ No

If you have not been accepted, have you applied for admission? _____ Yes/Date _____ No _____

How many hours have you earned toward completion of the degree? _____

Semester you anticipate beginning Gerontology course work: _____

Expected date of graduation: _____

PLEASE LIST THREE REFERENCES:

NAME

ADDRESS

PHONE

Number of years of relevant work experience: _____

Describe jobs and dates (begin with most recent): _____

Describe past experience which demonstrates your interest in services and programs for the aging.

Describe the kinds of professional activities in the field of gerontology you would intend to seek once you complete your degree.

I understand that the acceptance into the Gerontology Certificate Program carries with it the following commitments:

1. to include within my degree program a minimum of fifteen (15) credit hours of academic course work in gerontology unless part of this requirement is waived by the chairman of the Gerontology Department; and
2. to (have) a field placement of at least one semester or its equivalent in a program serving the aging.

Finally, I authorize the Gerontology Department to obtain copies of my transcripts and other academic records from the registrar and/or department and financial information from the UNO, UN-L, or UNMC Financial Aids Office.

**Send to: Julie Masters, Ph.D.
 Department of Gerontology
 University of Nebraska at Omaha
 Annex 24, 6001 Dodge Street
 Omaha, NE 68182-0202**

Signed: _____

Date: _____