

APPLICATION FOR THE CERTIFICATE IN GERONTOLOGY

Name _____ Date: _____

Permanent _____ Campus _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Student ID Number: _____

<u>MUST COMPLETE:</u>	<u>SEMESTER COMPLETED OR ANTICIPATED COMPLETION:</u>	<u>GRADE:</u>
101 Survey of Sociology		
203 Sociology of Aging		
<u>AND THREE OF THE FOLLOWING:</u>		
106 Social Problems and Social Policy		
207 Sociology of Health & Illness		
214 The Helping Process		
219 Intro to Human Services		
225 Family Systems		
315 Socialization & the Lifespan		
408 Population		
411 Aging and Mental Health		
415 Health, Illness & Social Policy		
450 Fieldwork		

FOR CERTIFICATE ONLY CANDIDATES:

Anticipated date of completion of certificate program _____

FOR BACHELOR'S DEGREE CANDIDATES:

Anticipated date of graduation _____

(Certificate will be awarded at graduation)

STUDENT'S SIGNATURE: _____

FOR OFFICE USE ONLY

Reviewed by: (signature) _____ Date _____

Certificate number: _____ Date of issue: _____