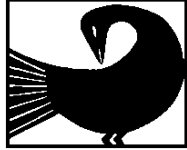


Student Interviewed: _____

Application Received _____



**APPLICATION FOR ADMISSION
GRADUATE PROGRAM - CERTIFICATE IN GERONTOLOGY**

Institute for Life-Span Development & Gerontology
The University of Akron/ Arts & Sciences Bldg. – Suite 340
Akron, Ohio 44325-4307; (330) 972-7243

Name _____ Student ID Number _____

Address: _____ City: _____ State: _____

Zip: _____ Phone _____ Email: _____

Birthday (mm/dd/year): ____/____/____

Graduate Program:(Dept.) _____ (Major) _____

Name/telephone Number of Student's Academic Advisor: _____ Ext. _____

Anticipated Degree & Date of Graduation: _____

Work experience or coursework related to Gerontology:

Reason You Wish to Pursue This Certificate:

Statement of Intent: I, the undersigned, wish to pursue a Certificate in Gerontology. I realize that I must complete the required course work prescribed by the Institute for Life-Span Development and Gerontology, and the Certificate will be awarded upon successful completion of a graduate degree here at The University of Akron or another accredited university.

Student's Signature _____ Date _____ Academic Advisor's Approval _____ Date _____
(Student's Home Department)