



**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):  Social Work Practice in Disability Studies  Health Care Social Work  Military Social Work Practice  School-based Social Work Practice  Social Work Practice in Substance Use Disorders

**Student Information:**

Name: \_\_\_\_\_ EID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Concentration (check one):  Clinical  APP Program of Study: \_\_\_\_\_ ( 1, 2, 3yr) Graduation Date: \_\_\_\_\_

**Expected Courses to Fulfill Program Requirements:**

Course #	Unique #	Semester/Year	Course Title	Professor

**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