

## THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF SOCIAL WORK

405 W. 25th Street, Stop D3500 · Austin, Texas 78712 · 512-471-1937 · FAX 512-471-7268

## **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.

			Disability Studies ☐ Health C☐ Social Work Practice in St	Care Social Work ☐ Military Socubstance Use Disorders	<u>cial</u>
Student Inf	formation:				
Name: EID:					
Phone:		Email address:			
Concentrati	on (check one):	□ Clinical □ APP Pro	gram of Study:(1,	2, 3yr) Graduation Date:	
Expected C	ourses to Fulfil	l Program Requirements	:		
Course #	Unique #		Course Title		
Field exper	ience (complete	ed or planned):			
Professiona		DI (20.1			
What are j	vour career go	als and how does your	participation in this Certifi	icate Program support them:	?
*** Student Sig		with the requirements outli	ned on this application.		
Certificate	Coordinator Sig	gnature:	Γ	Date	
Assistant D	ean for Master	's Programs Approval:	Ι	Date	
				Date	