

Student Interviewed: _____

Application Received _____

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

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

Name _____ Student ID _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

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

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

Name & Telephone Number of Student's Academic Advisor: _____ Ext. _____

Anticipated Degree & Date of Graduation: _____

Work experience or course work 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 coursework prescribed by the Institute for Life-Span Development and Gerontology, and the Certificate will be awarded upon successful completion of an undergraduate degree at The University of Akron or an accredited institution.

Student's Signature

Date

Academic Advisor's Approval
(Student's Home Department)

Date