

## Student Application and Certification Form Graduate Certificate in Community Health and Development

Name: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

### Student's Plan for Completion:

REQUIREMENT	PLANNED DATE OF COMPLETION (month/year)	ACTUAL DATE OF COMPLETION (month/year)
ABS 710 (3 hrs – typically Fall semester) Community Health and Development		
ABS 876 (3 hrs – typically Fall semester) Practicum in Community Development		
ABS 875 (3 hrs – typically Spring semester) Practicum in Community Health Promotion		

**STATEMENT OF INTEREST** (Please attach a 3 page typed statement of your interest in this certification program. Please answer the questions—Why this? Why me? Why now?)

### CERTIFICATION OF STUDENT ELIGIBILITY FOR ADMISSION:

\_\_\_\_ Prior BA degree from KU or another accredited institution (institution, degree date)

\_\_\_\_\_

\_\_\_\_ Student is enrolled in graduate program at KU or enrolled in the Graduate School as a non-degree seeking student (graduate program & expected date of completion or non-degree seeking and dates of enrollment) \_\_\_\_\_

### CERTIFICATION OF COMPLETION OF ALL REQUIREMENTS:

\_\_\_\_\_  
Student's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Faculty Advisor's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Person Submitting Notification to Graduate School\_\_\_\_\_  
Date