

APPLICATION FOR CERTIFICATE PROGRAMS

DEPARTMENT OF COUNSELOR EDUCATION UNIVERSITY OF WISCONSIN-WHITEWATER

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (home) _____ Phone (work) _____

Email _____

Previous graduate education:

Degree _____ Date _____

Institution _____

Degree _____ Date _____

Institution _____

Attach transcripts from each degree and degree-granting institution*

Current employment:

Position: _____ Length of employment: _____

Responsibilities: _____

Anticipated timeline for completing coursework:

Please attach a statement regarding your goals related to the certificate program completion (two pages or less).

*Return this application and a transcript electronically to schoenbl@uww.edu. If you have already sent your transcripts to the School of Graduate Studies with your application for admission to the university, there is no need to attach one here, as we will receive a copy from them.