

Certificate in Professional Development
Department of Educational Policy and Administration
College of Education and Human Development
University of Minnesota

APPLICATION

Date _____

(1) **Name** _____
Last First Middle

(2) **Address** _____
Street

City State Zip

(3) **Current Phone** (____) _____ (____) _____
Work Home

(4) **E-Mail Address** _____ (5) **FAX** (____) _____

(6) **Residency** _____ **If MN, time lived in MN** _____
State of legal residence Years Months

(7) **University of Minnesota Student ID Number** (if appropriate) _____

(8) **Current Employment** _____
Position School District/Agency

(9) **Gender** (optional) _____ (10) **Ethnicity** (optional) _____ (11) **Birth Year** (optional)

(12) Post-Secondary Education

| Institution | Major | Degree Earned | Date of Graduation |
|-------------|-------|---------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(13) Experience in preK-12 Settings

| Position | School District/Agency | Years Employed |
|----------|------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(14) Current University of Minnesota Status (if appropriate)

College _____ Department _____ Adviser _____
Anticipated Degree (*Ph.D./M.A./etc.*) _____ Anticipated Graduation Date _____

(15) Please attach your current transcripts to your application OR

Check here if you are having a copy of your transcripts mailed directly to us. _____

(16) How did you learn about the certificate in professional development? (“X” all that apply)

- Read an advertisement in a newsletter. *Specify newsletter:* _____
- Friends or colleagues told me about the program. *Specify who:* _____
- My adviser informed me about the program. *Specify who:* _____
- I obtained/read the flyer. *Specify how you obtained the flyer:* _____
- A University of Minnesota faculty or staff member told me. *Specify who:* _____
- Other. *Please specify:* _____

(17) What are your major areas of interest related to professional development?

(18) What have been your past experiences in the area of professional development?

(19) What is your current involvement in the area of professional development?

(20) What is your anticipated or desired career interest related to professional development?

(21) Why are you interested in the certificate in professional development program?

Please return this application and a copy of your transcripts to: Certificate in Professional Development Program, Department of Educational Policy and Administration, University of Minnesota, 330 Wulling Hall, 86 Pleasant Street SE, Minneapolis, MN 55455-0221. Please call 612-624-1006 if you have any questions, or e-mail yorkx001@tc.umn.edu.