

PROGRAM EVALUATION CERTIFICATE
APPLICATION FORM

Date _____

(1) Name _____
Last First Middle

(2) Mailing Address _____
Street

City State Zip

(3) Home Phone (_____) _____ Work Phone (_____) _____

(4) E-mail Address _____

(5) Name of Employee _____

(6) Permanent Address

Street

City State Zip

(7) Social security number _____

University of Minnesota Student ID Number, if available

(8) Birth Date _____ (9) State of Residence _____

(10) Gender (*optional*) _____ (11) Ethnicity (*optional*) _____

(12) Post-Secondary Education

Name of Institution	Major/Minor	Degree Earned/Year
_____	_____	_____
_____	_____	_____

(13) Current University of Minnesota Status. Please check the appropriate box:

- Not a degree seeking student at the University of Minnesota
- A degree seeking student: Specify: Name of School/Major/Anticipated Degree (PhD/MA/MSW/etc.)/Graduation Date:

(14) Please check the appropriate boxes:

- Transcript attached Resume attached Will mail transcript
 Will mail resume

(15) What are your major areas of interest in the field of program evaluation?

(16) What have been your past experiences in the field of program evaluation?

(17) What is your current involvement in the field of program evaluation?

(18) What is your anticipated or desired career interest?

(19) Why are you interested in the Program Evaluation Certificate Program?

(20) How did you learn about the Program Evaluation Certificate? Please check all that apply.

Read an advertisement in a newsletter. Specify newsletter:

Friends or colleagues told me about the program.

My adviser informed me about the program.

I obtained/read the brochure. Specify where you obtained the brochure:

Through campus involvement/employment. Specify (dept./org./etc.):

Other. Please specify:

Please return the application and copies of your transcript and resume to: Dr. Jean A. King, Department of Educational Policy and Administration, College of Education and Human Development, University of Minnesota, 330 Wulling Hall, 86 Pleasant Street, SE, Minneapolis, Minnesota 55455. Please call (612) 626-1614 if you have any questions.