

COLLEGE OF EDUCATION
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

Disability Policy and Services Certificate Application

Personal Information (please type or print)

Name (last, first, middle)	Date of Birth	U of M ID (if applicable)
Current Mailing Address		
City, State, Zip, Country (if international address)		
Permanent Mailing Address (Could you please give us permission to contact someone that will know how to reach you if your address has changed. Please include that individual's contact information. Thank you.)		
Home Phone	Work Phone	Fax
E-mail Address	Alternate E-mail Addresses	
Country of Birth	Country of Citizenship If not a U.S. citizen, type of visa: ___ permanent ___ resident ___ immigrant ___ refugee	
State of Residency	How long have you resided in your state of legal residency?	

Certificate Objective

Desired term of entry into Certificate program (fall/spring/summer, year):	Are you in or will you apply to a U of M graduate program? ___ Y ___ N
Anticipated graduation date:	If yes, which program?
	Anticipated degree (Ph.D., MA/MSW, etc):

Post Secondary Education (transcripts must be received prior to submission to the program)

Number of credit's beyond the bachelor's degree: ___ semester ___ quarter	Highest degree completed	Institution
Area of study	Year completed	Cumulative GPA of highest degree completed

Areas of Interest

What are your major areas of interest in the field of disability services or related to individuals with disabilities?

What have been your past experiences in the field of disability services or with individuals with disabilities?

What is your current involvement in the field of disability services or with individuals with disabilities?

What is your anticipated or desired career interest?

Why are you interested in the Disability Policy and Services Certificate Program?

How did you learn about the Disability Policy and Services Certificate? ("x" all that apply)

Read an advertisement in a newsletter: Specify newsletter: _____
Friends or colleagues told me about the program:
My advisor informed me about the program:
I obtained/read the brochure: Specify where you obtained the brochure: _____
Through involvement/employment at ICI:
Other: Please specify: _____

Additional Application Requirements

Transcripts: Please provide transcripts along with your submitted application form. The transcripts need not be official at the time of your application; however, official transcripts will be needed at the end of your program.

I certify that the information provided on this form is complete and accurate.

Signature

Date

Send completed application and transcript to:

Marijo McBride, Certificate Coordinator
Disability Policy and Services Certificate Program
103 Pattee Hall
150 Pillsbury Ave SE
Minneapolis, MN 55455

For ICI office use only:

Accepted
 Accepted pending receipt of transcript
 Not Accepted

Coordinator's Signature

Date

REQUEST FOR CONFIDENTIAL INFORMATION

The information requested below is voluntary and will be used for summary reports required for federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide the requested information. The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, religion, color, sex, national origin, handicap, age, veteran status, or sexual orientation.

Sex (check one): Female Male

Predominant ethnic background (check one):

- African-American (non-Hispanic origin): a person having origins in any of the black racial groups of Africa (excluding persons of Spanish, Portuguese, Latin American, or other Hispanic origin).
- American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander: a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, Japan, Korea, India, The Philippine Islands, and Samoa.
- Chicano: a person of Mexican-American origin who prefers to be known as Chicano rather than Hispanic
- Other Hispanic: a person of Mexican, Puerto Rican, Cuban, Central, Latin, or South American or other Spanish or Portuguese culture or origin, regardless of race.
- White, non-Hispanic: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East (excluding persons of Spanish, Portuguese, Latin American, or other Hispanic origin).
- Multi-ethnic background (please list): 1.) _____ 2.) _____

Financial Aid

- Will Apply for Financial Aid

CE+HD

COLLEGE OF EDUCATION
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

The College of Education and Human Development is committed to recruiting, enrolling and educating a diverse population of students who represent the overall composition of our society.

For alternative formats to this publication, please contact Marijo McBride at 612-624-6300 or mcbri001@umn.edu.