

Online Distance Learning Certificate Application

The College of Education
& Human Development
UNIVERSITY OF MINNESOTA

STUDENT & PROFESSIONAL SERVICES ■ 110 WULLING HALL, 86 PLEASANT ST. SE, MINNEAPOLIS, MN 55455 ■ 612-625-6501, FAX: 612-626-1580

Applicants to the online distance learning certificate program must submit the following application materials:

- Completed application form
- Unofficial transcript of current University of Minnesota coursework or transcript showing completed bachelor's degree from an accredited college or university
- One-page goal statement

Send application materials to the following address:

Certificate Admissions
Student & Professional Services (SPS)
110 Wulling Hall
86 Pleasant Street S.E.
Minneapolis, MN 55455
Fax: 612-626-1580

1. Desired term of admission to the online distance learning certificate program: Fall 20____ Spring 20____ Summer 20____			
2. Name _____ Last First Middle		3. Former name * (see instructions below) _____	
4. Current address _____ Street _____ City State ZIP code			
5. Home phone ()		6. Work phone ()	
7 Preferred e-mail address (if applicable)			
8. Permanent address _____ Street _____ City State ZIP code			
9. State in which you claim legal residency			How long: ____Years ____ Months
10. University of Minnesota Student I.D. Number (if applicable) or Social Security number			
11. Country of birth			
12. Country of citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other (must specify)			
13. Postsecondary education			
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation

* Students who have previously applied to any of the University of Minnesota system schools (Twin Cities, Crookston, Duluth, Morris, or Waseca) under a different name must submit a completed University of Minnesota *Student Name Change Request* form to the appropriate office. The form is available at the Office of the Registrar, 612-624-1111; or on the Web: <http://www.onestop.umn.edu/onestop/forms.html>.

Application continues on reverse.

14. Current University of Minnesota status (if applicable)

College

Major area of study

Faculty adviser

Anticipated degree (B.S., B.A., M.Ed., M.A., Ph.D., etc.)

Anticipated graduation date

15. What is your current involvement with technology?

16. What is your anticipated or desired career interest related to technology?

17. **Student certification**

I certify that the information I have provided on this application and all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that transcripts from all previously attended colleges and universities be sent to Student & Professional Services (SPS). I understand that changes in program status may impact admission consideration. I understand that misrepresentation of application information is sufficient grounds for canceling admission or registration.

Applicant's signature

Date

*The University of Minnesota is an equal opportunity educator and employer.
The College of Education & Human Development is committed to recruiting, enrolling,
and educating a diverse population of students who represent the overall composition
of our society.*

*Alternative formats of the publication are available upon request. Please contact
Student & Professional Services (SPS) at 612-625-6501.*