

# Parent Education Certificate Application

COLLEGE OF EDUCATION  
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

CEHD STUDENT SERVICES / 110 WULLING HALL, 86 PLEASANT STREET S.E., MINNEAPOLIS, MN 55455 / 612-625-6501, FAX: 612-626-1580

Applicants to the parent education certificate program must submit the following application materials:

- Completed application form
- Official college or university transcript verifying completion of bachelor's degree and six undergraduate or graduate credits in child development coursework
- Current résumé detailing educational and work experience
- One-page personal statement (see program packet for details)

Send application materials to the following address:

Certificate Admissions  
CEHD Student Services  
110 Wulling Hall  
86 Pleasant Street S.E.  
Minneapolis, MN 55455  
Fax: 612-626-1580

1. Desired term of admission to the parent education 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 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://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. 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 CEHD Student Services. 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

**CE+HD**

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cehdgrad@umn.edu  
<http://cehd.umn.edu>