

**University of Wisconsin-Milwaukee
Assistive Technology and Accessible Design
Certificate Program Application**

Note: Persons who are not currently enrolled in a UWM graduate degree program must also file a graduate non-degree application with the Graduate School

Personal Information

Last Name: _____
First Name: _____
Permanent Address: _____

Mailing Address: _____
(if different) _____
Daytime Phone: _____
Email address: _____

Educational Background
(Fill relevant sections)

Undergraduate Education

Institution: _____
City, ST Zip: _____
Major: _____
Degree: _____
Completed/Anticipated: _____ G.P.A.: _____

Graduate Education

Institution: _____
City, ST Zip: _____
Major: _____
Degree: _____
Completed/Anticipated: _____ GPA: _____

Other Post-Secondary Education

Institution: _____

City, ST Zip: _____

Major: _____

Degree/Certificate: _____

Completed/Anticipated: _____

GPA: _____

Publications/Research:

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Professional Experience

(Please keep your responses short but complete)

Describe your experiences with persons with disabilities. In what capacity do you have this experience, for how long and what was your role

Experience with disabilities	Length of time	Role	Reason

Please describe your experiences in computer applications. In what capacity do you have this experience, for how long and what was your role?

Computer Application	Length of Time	Role	Reason

Please list the ATAD training you have received in the past 2 years and the impact it has had on your practice (one page or less).

Please describe your current knowledge of Assistive Technology, Universal Design and Accessible Design (previous and ongoing) including your experiences (one page or less).

How do you anticipate this course work will impact your practice?

How does Assistive Technology impact the population you serve?