

**Graduate Certificate in Applied Gerontology
DECLARATION FORM**

Date: _____ Student Number: _____

Student Name: _____
(Last Name) (First Name)

Address: _____

Phone: _____ Email Address: _____

Type of Student: Degree Student
Admitted into Graduate School: Semester _____ and Year _____

Non-Degree Student
Non-degree application has been completed

School/College: _____ Department: _____

Area of Concentration _____ Program _____

Graduate Advisor _____ Ext _____

I have met with the Certificate Coordinator and would like to pursue the Graduate Certificate in Applied Gerontology. I understand:

- 1) I have three years to complete the program. I will begin the program in the Summer 2014 semester and must complete the program by Spring 2017.
- 2) I am responsible for registering for the correct credit value for courses used to meet requirements. Note: Some courses are offered for fewer credits than required for the certificate.
- 3) I must maintain a cumulative GPA of 3.0 or better for all courses required for the certificate.
- 4) I cannot complete all 18 credits within a single school or college.
- 5) Any course substitution must be approved prior to taking the course.
- 6) If I am pursuing a graduate degree, I may "double-dip" nine (9) of the required eighteen (18) credits.

Signed _____ Date _____