

# Rongxiang Xu College of Health and Human Services

## Credit Certificate Program in Applied Gerontology

### Undergraduate

#### Application for Certificate Program in Applied Gerontology (Undergraduate)

Please print neatly or type throughout and use additional pages if necessary. Application material is confidential information. This material is also part of the permanent student file if the applicant is accepted.

**Status at Cal State L.A.:** ☐ Undergraduate ☐ Post baccalaureate ☐ Graduate ☐ Special Program

**Major(s):** \_\_\_\_\_

**Actual/Estimated GPA:** \_\_\_\_\_

**Name** \_\_\_\_\_

Last First Middle Student ID Number

**Other names by which you have been known** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**Telephone Home** ( ) \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_\_ **Ethnicity\*** \_\_\_\_\_

\*Birthdate and ethnicity are optional; used for statistical reports and identification of scholarships.

#### Please indicate reason for pursuing the Certificate Program in Applied Gerontology:

☐ Related to career interests ☐ General interest ☐ Related to prospective employment

☐ Related to current employment ☐ Upward mobility in current employment ☐ Other

#### EDUCATION

List chronologically all colleges and universities attended beginning with your most recent experience

Institution (include location)	Dates of Enrollment (month/year to month/year)	Major Subject (list minor if applicable)	Degree/ Certificate Received/Date

#### Gerontology Courses Completed

Course #/Title	Institution	Year taken	Units	Grade	Credit Yes/No

#### EMPLOYMENT HISTORY

List all paid work (full and part time) for at least, but not limited to, the last 10 years beginning with your most recent employment.

From Month/Year	To Month/Year	Total No. of Months	Hours Per Week	Organization, City and State
1.				
Position Held & Duties				
2.				
Position Held & Duties				

**Director's Recommendation:** \_\_\_\_\_

Approve Disapprove Approval Deferred

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Please submit completed applications by emailing Linda Valdez at [lvaldez6@calstatela.edu](mailto:lvaldez6@calstatela.edu).