

ITHACA COLLEGE - CERTIFICATE IN GERONTOLOGY

APPLICATION FOR ADMISSION

Please type or print in black ink.

Please fill out and return to:

Gerontology Institute
Ithaca College
407 Center for Health Sciences
Ithaca, NY 14850-7141
Phone 607-274-1965 / fax 607-274-1968

I. PERSONAL INFORMATION

Name (Mr./Ms/Miss/Mrs.) Last First Middle Maiden

Permanent Address Street City County (NY only) State or Province Zip or Postal Code Country

Mailing Address Street City County (NY only) State or Province Zip or Postal Code Country

Email Address

Home Phone () Work Phone ()

Social Security No. Birth Date Sex Male Female

Present or most recent employer Name

Address

Applying for financial aid? Yes No Veteran? Yes No

If accepted, I plan to begin studies in Fall Spring 20. I expect to enroll in courses each semester. (number)

Have you ever been suspended or expelled from school? Yes No

Have you ever been convicted of a felony? Yes No

If yes to either of the above, please explain briefly on an attached page.

Citizenship Are you a U.S. citizen? Yes No If no, country of citizenship:

Your visa type: Exp. Date: Issued by: (Institution)

U.S. citizens and permanent residents only - please indicate your racial or ethnic origin (response optional). If multiracial, check all that apply and circle the one with which you most strongly identify.

- Black or African American American Indian or Alaskan Native Hispanic or Latino
White, Anglo, or Caucasian (non-Hispanic) Asian, Asian American, or Pacific Islander

II. EDUCATION INFORMATION

Name of high school you attended: _____

City: _____ State: _____ Zip: _____ CEEB code: _____

Date of high school graduation: Month _____ Year: _____

-OR-

Date of high school withdrawal: Month _____ Year: _____

If you withdrew from high school, did you complete the GED? Yes No

Date of GED: _____ Month _____ Year: _____
Score: _____

Colleges attended (list below in chronological order):

Institution	Dates	Major	Credits earned	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you previously applied to Ithaca? Yes No If yes, when? _____ Program _____

Have you ever attended Ithaca? Yes No If yes, when? _____

What are your highest SAT (SAT I) or ACT scores to date? _____
SAT (SAT I) Verbal SAT (SAT I) Math ACT Composite

International students: TOEFL scores and dates of tests (required if native language is not English) _____

All SAT, ACT, GED, and TOEFL scores and official transcripts from your high school and all colleges attended must be sent by the testing agency and respective educational institutions directly to Division of Continuing Education and Summer Sessions, Ithaca College, 120 Towers Concourse, Ithaca, NY 14850-7141.

I am an adult student (25 years of age or older) and have not taken SAT, SAT I, or ACT tests. I wish to present alternative demonstration of my academic competence. Yes No If yes, attach documentation.

III. RECOMMENDATION

Please provide the name of the person you have asked to write a recommendation evaluating your academic ability and/or employment experience.

Name Position

Street or P.O. Box City State Zip

IV. SIGNATURE

By my signature I certify that the information provided above is true and accurate. If accepted into the gerontology certificate program, I recognize my responsibility to read, understand, and abide by the policies and procedures printed in the current Ithaca College undergraduate catalog.

Name Date

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PERSONAL RECOMMENDATION

Please type or print in black ink.

Name of Applicant:
(Mr./Ms/Miss/Mrs.) _____

Applicant: Print or type your name above, sign waiver portion below, and give to the person providing your recommendation.

Recommending Individual: The person whose name appears above has applied for admission to study in the certificate in gerontology program at Ithaca College. The program is an undergraduate, 24-credit-hour commitment and includes courses at the junior and senior level. The application committee would appreciate a written statement in the space below that enables it to evaluate prior academic ability and/or employment experience. (Attach additional sheets if necessary). The committee is especially interested in study and work in the health and social services field. Please comment on your estimate of the applicant's ability to successfully perform college-level academic work, to benefit from this certificate program, and to serve older adults.

Please complete this form as soon as possible in order that the application may be given every consideration. Mail directly to the Gerontology Institute, Ithaca College, 407 Center for Health Sciences, Ithaca, NY 14850; fax 607-274-1968.

Name _____

Occupation or position _____

Address _____

I understand that, pursuant to federal statute Public Law 93-330, the above personal recommendation may be reviewed by the person for whom it is submitted as part of his or her record at Ithaca College.

Date

Signature of Recommending Individual

Candidate's signature – In compliance with Public Law 93-330

- I waive my right to view this evaluation.
- I do not waive my right to view this evaluation.

Date

Signature of Applicant