

# Certificate Program Application

LEWIS & CLARK COLLEGE | GRADUATE SCHOOL OF EDUCATION AND COUNSELING

Please type or print in ink

## Personal

Name last first middle former names

Permanent home address street city state zip

Mailing address (if different from above)

Home phone Cell phone E-mail

Sex  M  F Social Security number  Birth date   
month day year

Place of birth city state country Countries of citizenship

If not a citizen of the U.S., are you a Permanent Resident?  Yes  No Visa type

Place of employment

Business phone Business fax

Credit sought:  degree-applicable credit  continuing education credit

Yes  No Are you currently admitted to a Lewis & Clark graduate program? If yes, which program? \_\_\_\_\_

Yes  No Do you plan to apply for financial aid?

Yes  No Are you currently serving in or have you served in the armed forces? If yes, indicate location(s), name, branch, rank, date, and type of discharge.

### The following questions are optional. This information helps us in our affirmative action efforts.

How would you describe your race/ethnicity? Please check **all** that apply.

- |                                                    |                                                        |                                                                   |
|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> White                     | <input type="checkbox"/> Black or African-American     | <input type="checkbox"/> Hispanic (Mexican-American/Puerto Rican) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Biracial/Multiracial _____               |
| <input type="checkbox"/> Middle Eastern            | <input type="checkbox"/> Ethnicity not reported        | <input type="checkbox"/> Other _____                              |

What is your first language, if other than English? \_\_\_\_\_

Languages other than English in which you are fluent: \_\_\_\_\_

Marital status:  single/widowed/divorced  married Number of dependent children \_\_\_\_\_

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## Program of Study *(Check one.)*

**Center for Continuing and Professional Studies** 503-768-6043, [education.lclark.edu/dept/cpps](mailto:education.lclark.edu/dept/cpps)

Eating Disorders Certificate

Intercultural Conflict Transformation Certificate

## Education

List all colleges, universities, and professional schools you have attended. List the most recently attended institution first.

**Official, sealed** transcripts from the highest degree-granting institution attended must be submitted.

College/University	Dates attended	Degree	Major/Concentration	Degree received or expected?	Date received or expected
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any postsecondary scholastic or academic honors, fellowships, or scholarships you have received.

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## Professional Licenses

List any professional licenses you hold. Please attach a copy of any license(s) to this application form.

License number	Date of issue	State	Permanent or provisional?	Areas, levels of validity	Expiration date

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## Personal Statement

Please attach a brief typed statement outlining your professional background as it pertains to your interest in this certificate program.

To the best of my knowledge, the information in this application is complete and accurate.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

### Please mail this application to:

Center for Continuing and Professional Studies  
 Graduate School of Education and Counseling  
 Lewis & Clark College  
 0615 S.W. Palatine Hill Road  
 Portland, Oregon 97219-7899