



Graduate School

Certification Application

Complete this form (type or print) and mail it with a \$25 fee to: Graduate School, 204 Hardin Administration Building, ACU Box 29140, Abilene, Texas 79699-9140 800-395-4723 • 325-674-2354 • Fax: 325-674-6717 • gradinfo@acu.edu

Please note: Certification students who later decide to continue their work at ACU must apply for admission to a graduate degree program following the regular procedures. Admission to ACU with certification status does not guarantee that courses taken as a certification student will apply to the chosen degree program.

PERSONAL INFORMATION

Form fields for personal information: LAST NAME, FIRST, MIDDLE, (MAIDEN), SOCIAL SECURITY NO., PERMANENT ADDRESS, CITY, STATE, ZIP, AREA CODE, PHONE NUMBER, PRESENT ADDRESS, CITY, STATE, ZIP, AREA CODE, PHONE NUMBER, AREA CODE, WORK PHONE NUMBER, EMAIL ADDRESS

Date of birth (MONTH, DAY, YEAR) Place of birth (CITY, STATE, COUNTY (if Texas), COUNTRY)

Sex: [] Male [] Female Country of citizenship _____ Church membership _____

Marital status (check one): [] Single [] Married [] Divorced [] Widowed [] Separated

Ethnic origin: [] Hispanic [] Black [] White [] Asian [] Native American [] Other _____

PREVIOUS EDUCATION AND PLANS

Which term do you wish to begin your studies at ACU? _____

In which area are you seeking certification? [] Conflict Resolution [] Gerontology [] Missions

[] Family Studies [] Social Services Administration [] Education _____

PLEASE INDICATE WHICH CERTIFICATE YOU ARE SEEKING

List all colleges, universities and professional schools you have attended. Use the back of this sheet if necessary:

Table with 4 columns: COLLEGE, UNIVERSITY, SCHOOL; DATES ATTENDED; MAJOR; DEGREE EARNED OR EXPECTED

Student's signature _____ Date _____

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