



PRE-MEDICAL PROFESSIONS CERTIFICATE PROGRAM

CERTIFICATE APPLICATION FORM

Phone: 860.768.4373

Center for Graduate and Adult Academic Services

Fax: 860.768.5160

PERSONAL DATA (Please type or print) Social Security Number Maiden Name:

U.S. CITIZEN Yes No Green Card

NAME: Birthdate: Last First Middle Initial

ADDRESS: Street City State Zip

HOME PHONE: BUSINESS PHONE:

EMPLOYER: EMAIL:

BUSINESS ADDRESS: Street City State Zip

Table with 4 columns: NAME OF SCHOOL, CITY/STATE, DATE ATTENDED, GRADUATION DATE

Table with 5 columns: NAME OF SCHOOL, CITY/STATE, DATE ATTENDED, CREDITS, DEGREE

I CERTIFY THAT ALL ITEMS IN THIS APPLICATION ARE ANSWERED CORRECTLY AND COMPLETELY. I UNDERSTAND THAT INCOMPLETE INFORMATION, THE WITHHOLDING OF INFORMATION OR INCORRECT INFORMATION MAY DISQUALIFY ME FOR ADMISSION TO THE UNIVERSITY OF HARTFORD OR MAY LATER BE THE BASIS FOR MY WITHDRAWAL OR DISMISSAL.

- OFFICIAL TRANSCRIPTS OF ALL POST-SECONDARY WORK MUST BE INCLUDED WITH THIS APPLICATION. AN APPLICATION FEE OF \$35 MUST BE INCLUDED WITH THE APPLICATION MATERIALS. SEND APPLICATION MATERIALS TO: CENTER FOR GRADUATE AND ADULT ACADEMIC SERVICES, UNIVERSITY OF HARTFORD, 200 BLOOMFIELD AVENUE, WEST HARTFORD, CT 06117 ATTN: KAREN SULLIVAN NOTE : A COMPLETED IMMUNIZATION FORM MUST BE SUBMITTED BEFORE THE END OF THE FIRST SEMESTER. TO ACCESS THE FORM GO TO: HTTP://UHAWEB.HARTFORD.EDU/HEALTH/FORMS.HTML

Student's Signature Date

Office use only

Reviewed by Date Approved Denied

\$35 Fee Paid Date

Revised 1/11/07