



UNIVERSITY OF HARTFORD
CERTIFICATE APPLICATION FORM

PERSONAL DATA _____ Birthdate: _____
(Please type or print) Social Security Number

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ **BUSINESS PHONE:** _____

EMPLOYER: _____ **EMAIL:** _____

BUSINESS ADDRESS: _____
Street City State Zip

SECONDARY EDUCATION:

NAME OF SCHOOL DATE	CITY/STATE	DATE ATTENDED	GRADUATION
_____	_____	_____	_____

POST-SECONDARY LEVEL:

NAME OF SCHOOL	CITY/STATE	DATE ATTENDED	CREDITS	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHECK THE CERTIFICATE PROGRAM TO WHICH YOU ARE APPLYING:

Applied Statistics *Applied Engineering* *Minor in Computer Science*

Have you completed 2 semesters of science calculus? yes no

Applied Optics

Have you completed: 2 semesters of science calculus? yes no

Have you completed 1 semester of introductory physics? yes no

Advanced Chemistry

Have you completed at least one semester of college physics? yes no

Advanced Chemical Measurement

Have you completed 1 year each of Introductory Chemistry? ____ yes ____ no

Have you completed 1 year each of Organic Chemistry? ____ yes ____ no

Have you completed 1 year each of college Physics? ____ yes ____ no

Have you completed one course beyond a year of calculus? ____ yes ____ no

____ *Advertising*

____ *Spanish*

____ *Criminal Justice*

____ *Media Production*

____ *German*

____ *Legal Studies*

____ *Professional & Technical Writing*

____ *Italian*

____ *Art History*

____ *Creative Writing*

____ *French*

Return this application, along with the application fee of \$35 (make check payable to the University of Hartford), and official transcripts proving the completion of prerequisites to:

Karen Sullivan, Center for Graduate and Adult Academic Services CC 234, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117.

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.

Student's Signature

Date

Office use only

Date application received: _____ Fee paid: _____ Transcripts received: _____

Reviewed by

Date

____ Approved ____ Denied ____

Comments: _____

