NOTICE OF INTENT TO PURSUE THE GRADUATE CERTIFICATE PROGRAM IN GERONTOLOGY

Frances Payne Bolton School of Nursing, Case Western Reserve University

NAME: _____
LAST FIRST M.INITIAL

ADDRESS: _____

_____
CITY STATE ZIP

TELEPHONE: _____ **SSN:** _____ **STUDENT ID:** _____
EMAIL ADDRESS: _____

CURRENT STATUS AT CASE WESTERN RESERVE UNIVERSITY

ACADEMIC ADVISOR: _____

_____ Non-Degree
_____ Master's Program _____ Department or School
_____ Doctoral Program _____ Department or School

SEMESTER ENTERING PROGRAM: _____ **EXPECTED COMPLETION DATE:** _____

OCCUPATION: _____

ACADEMIC DISCIPLINE (IF NON-DEGREE): _____

UNDERGRADUATE INSTITUTION ATTENDED: _____

DEGREE RECEIVED – DATE – MAJOR: _____

GRADUATE INSTITUTION ATTENDED: _____

DEGREE RECEIVED – DATE – MAJOR: _____

CERTIFICATE PROPOSED PROGRAM:

Course Number and Title	Semester	Year	Hours

TOTAL (12 hrs): _____

DATE: _____ **SIGNATURE:** _____

Return to:
University Center on Aging and Health
Frances Payne Bolton School of Nursing
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio, 44106-7131

Or email to:
Kylie Meyer
knm77@case.edu
216.368.1928