

CERTIFICATE APPLICATION

KENT STATE UNIVERSITY
COLLEGE AND GRADUATE SCHOOL OF EDUCATION, HEALTH, AND HUMAN SERVICES
OFFICE OF GRADUATE STUDENT SERVICES
150 TERRACE DR. ROOM 418 WHITE HALL
KENT, OH 44242-0001

Telephone: 330-672-2576 Web: <http://www.ehhs.kent.edu/offices/OGS/> Fax: 330-672-9162

***NOTE: It is in your best interest to contact the appropriate certificate advisor regarding eligibility for the certificate program and characteristics of the certificate prior to submitting application.**

The attached application is for persons seeking admission to one of the following certificate programs within the COLLEGE OF EDUCATION, HEALTH, and HUMAN SERVICES.

Athletic Coaching	Coordinator/Advisor:	Dr. Stephen Mitchell (smitchel@kent.edu)
Behavior Intervention Specialist	Coordinator/Advisor:	Dr. Melody Tankersley (mtankers@kent.edu)
	OR:	Dr. Karla Anhalt (kanhalt@kent.edu)
College Teaching	Coordinator/Advisor:	Dr. Susan Iverson (siverson@kent.edu)
Gerontology	Coordinator/Advisor:	Dr. Gregory Smith (gsmith2@kent.edu)
International Higher Education	Coordinator/Advisor:	Dr. Susan Iverson (siverson@kent.edu)
Pervasive Development Disorders	Coordinator/Advisor:	Dr. Sloane Burgess (sburges8@kent.edu)
Integrating Technology Into Education	Coordinator/Advisor:	Dr. Albert Ingram (aingram@kent.edu)
Online Learning and Teaching	Coordinator/Advisor:	Dr. Albert Ingram (aingram@kent.edu)

If you are a current/active graduate student enrolled in a degree granting program at KSU:

1. Send certificate application directly to the Office of Graduate Student Services, in the College of Education, Health, and Human Services, 418 White Hall, Kent State University, P.O. Box 5190, Kent, Ohio 44242-0001.

If you are not a current graduate student:

1. Send certificate application and following materials directly to the Office of Graduate Student Services, in the College of Education, Health, and Human Services, 150 Terrace Dr. Room 418 White Hall, Kent State University, Ohio 44242-0001.
 - \$30 non-refundable application fee
 - *2 letters of recommendation.* If at all possible, one of the letters should be completed by a faculty member familiar with your academic work, and the other should be supplied by individuals familiar with your professional achievements.
 - **ONE** *official transcript* from the institution where most recent degree was obtained. This transcript must have an issue date within one year. The College of Education, Health, and Human Services will secure a transcript of those credits which were earned at Kent State University.
 - A written statement of *Personal Goals and Professional Objectives*

Applications will not be considered complete, nor be processed for admission, without the submission of the appropriate forms.

APPLICATION FOR CERTIFICATE PROGRAM

College and Graduate School of Education, Health, & Human Services

_____ **Current/active graduate degree seeking student at KSU** TERM _____

_____ **Non-current graduate student:** \$30 Non-refundable Application fee, original transcript with degree posted, 2 letters of recommendation, statement & goals

This application is for the following Certificate Program: _____
(See list on back)

Social Security Number _____ Birthdate _____ Age _____ Male _____ Female _____

Name _____
(Last) (First) (Middle) (Previous last names)

EMAIL ADDRESS _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

How long at above address? Years _____ Months _____ Have you lived in Ohio for the past 12 months? _____

Permanent Address _____ Phone _____ / _____ / _____

City _____ County _____ State _____ Zip _____

Country of Citizenship _____ If you are a foreign visa holder, you must apply for graduate school through the International Admissions Office, 161 Michael Schwartz Center.

Race/Ethnic Data: (Your response is very important to the University affirmative action program.)

_____ Black, Non-Hispanic _____ Hispanic _____ Asian or Pacific Islander
_____ American Indian or Alaskan _____ Caucasian, Non-Hispanic _____ Foreign Visa Holder

College or Universities with most previous degree:

Name of Institution	Location City/State	From Mo/Year	To Mo/Year	Approx # of hours (grad/undergrad)	Degree and date received
1.) _____					

Recommendations: If required, please list names and titles of persons familiar with your academic and professional ability who have provided letters of recommendation.

I attest that the information contained herein is, to the best of my knowledge, complete and accurate. Falsification of information is grounds for denial of admission and/or dismissal.

NOTE: PLEASE ATTACH A SIGNED CERTIFICATE PLAN OF STUDY

Signature of Applicant _____ **Date** _____

Signature of Certificate Coordinator/Advisor _____ **Date** _____

**RETURN TO: Kent State University
150 Terrace Dr Room418 White Hall
Kent, Oh 44242-0001**

Certificate Programs Offered

Athletic Coaching

Behavior Intervention Specialist

College Teaching

Gerontology

International Higher Education

Pervasive Development Disorders

Integrating Technology Into Education

Online Learning and Teaching