

# APPLICATION FOR GRADUATE CERTIFICATE PROGRAM

To be returned to USM's Graduate Admissions office (see below) IN DUPLICATE with \$25.00 non-refundable application fee.

### SECTION I. Please indicate the graduate certificate program to which you are applying:

| School   | of Education and Human Development  | Muskie      | School of Public Service  |  |  |  |  |
|--|---|-------------|---|--|--|--|--|
|  | Applied Behavior Analysis (Post-Master's)   |             | Applied Research and Evaluation Methods   |  |  |  |  |
|  | Assistant Principal   |             | Community Planning and Development  |  |  |  |  |
|  | Athletic Administrator  |             | Health Policy and Management  |  |  |  |  |
|  | Culturally Responsive Practices   |             | Nonprofit Management  |  |  |  |  |
|  | English as a Second Language  |             | Performance Management and Measurement  |  |  |  |  |
|  | Gifted and Talented Education   |             | Practice Management   |  |  |  |  |
|  | Literacy  | <del></del> | Public Health   |  |  |  |  |
|  | Mental Health Rehabilitation Technician   |             | Public Management   |  |  |  |  |
|  | (MHRT)/Community  |             | Social Policy Analysis  |  |  |  |  |
|  | Response to Intervention - Academic   |             |   |  |  |  |  |
|  | Response to Intervention - Behavior   |             |   |  |  |  |  |
|  | Teaching ALL Students   | College     | of Arts, Humanities and Social Sciences   |  |  |  |  |
|  | Youth with Moderate to Severe Disabilities  |             | Composing Together (Music)  |  |  |  |  |
|  | Dn-Auburn College Leadership Studies Creative Leadership and Global Strategy Occupational Therapy: Return to Practice | Ŏ           | of Science, Technology and Health Nursing Education Software Systems Statistics |  |  |  |  |
| SECTION II. Your application will be reviewed when two copies of the following materials have been received: |   |             |   |  |  |  |  |
|  | Completed application form  |             |   |  |  |  |  |
|  |   | JSM         |   |  |  |  |  |
|  |   |             |   |  |  |  |  |
|  | received a degree   |             |   |  |  |  |  |
|  | Current Resume  |             |   |  |  |  |  |
|  | Personal Statement  |             |   |  |  |  |  |
|  |   |             |   |  |  |  |  |
|  |   |             |   |  |  |  |  |

## ADDITIONAL MATERIALS FOR SPECIFIC CERTIFICATE PROGRAMS

Assistant Principal and Athletic Administration certificate applicants must submit evidence of three (3) years of teaching.

# Submit All Materials (In Duplicate) To:

University of Southern Maine Office of Graduate Admissions

Mailing Address: P.O. Box 9300 Portland, Maine 04104-9300

Campus Address: 45 Exeter Street Portland Campus

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### **SECTION III. Please Print Clearly or Type**

| 1.   | Name  |                         |                                    |                                 |                |  |  |  |
|------|---|-------------------------|------------------------------------|---------------------------------|----------------|--|--|--|
|      | (Dr., Mr., Miss, Ms., Mrs.)   | Last                    | First                              |                                 | Middle Initial |  |  |  |
| 2.   | Other names under which University records may be filed   |                         |                                    |                                 |                |  |  |  |
| 3.   | Date of birth   |                         | 4. Email address                   |                                 |                |  |  |  |
| 5.   | Present Mailing Address   |                         |                                    |                                 |                |  |  |  |
|      | Street  |                         | City                               | State                           | Zip            |  |  |  |
| 6.   | Permanent Address (if different)  | Street                  | City                               | State                           | 7:n            |  |  |  |
|      |   | Sireei                  | City                               | State                           | Zip            |  |  |  |
| 7.   |   |                         | If U.S. Citizen, legal resident of |                                 |                |  |  |  |
|      | COUNT   | RY                      |                                    |                                 | STATE          |  |  |  |
| 8.   | Home or Cell Phone  |                         | 9. Business Phon                   | e                               |                |  |  |  |
| 10.  | Social Security Number  |                         | <b>11.</b> G                       | ender (optional): femal         | e[]male[]      |  |  |  |
| 12.  | Semester and year you expect to begin coursework (please indicate year):  |                         |                                    |                                 |                |  |  |  |
|      | FallSp  | ring                    | Summer                             |                                 |                |  |  |  |
| atte | Please list all colleges and univernded, and degree(s) awarded by the college and university.)  |                         |                                    |                                 |                |  |  |  |
| 15.  | Please submit an up-to-date res   | ume, including all e    | employment within the I            | ast five years, with this       | application.   |  |  |  |
| pro  | Please submit a typed personal gram. Any previous voluntary or partision should be described.   |                         |                                    |                                 |                |  |  |  |
| deg  | <b>FE:</b> Acceptance to any of the certificate pree programs. Should you wish to enroll induste Admissions for application materials | nto a graduate degree p | rogram, you must submit a se       |                                 | -              |  |  |  |
| -    | ny signature, I certify that, to the best of mee to provide substantiation or documenta   | -                       |                                    | this application is correct and | complete and I |  |  |  |
| Sig  | nature  |                         | Date                               |                                 |                |  |  |  |
|      |   |                         |                                    |                                 |                |  |  |  |

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