Graduate Certificate in Gerontology for the Healthcare Professional

Application for Admission
July 13  Applications postmarked on or before this date will receive early notification of acceptance
August 17  Deadline for application for Fall start

The admissions process is on-going and applicants will be admitted on a rolling basis. The accuracy, completeness, and neatness of your application are determining factors in our admission decision. Send all materials together in one packet. **The admissions committee will not evaluate an incomplete application.**

1. **Application Form** – Type or print clearly all information requested on the application form. A separate application to the University is **not** required. Your signature is required to validate the information you provide.

2. **Transcripts** – Submit one sealed, official transcript with all current grades from each college and graduate school you have attended. **Do not open transcript.** Place the sealed transcript in your application packet. A final transcript of any course(s) in progress will be required, including graduation verification if applicable.

3. **Letter of Intent** – Provide a statement of intent to enroll in the Graduate Certificate in Gerontology for the Healthcare Professional (GCGH) program. If you are a practicing clinician and not currently working in a setting with older adults, indicate the community partnership that you have created to allow for access to a setting that provides services to older adults. If you are a current student within the CHP, indicate your intent to work with older adults following graduation. The letter may also include other information you deem pertinent to your application.

SEND COMPLETED APPLICATION PACKAGE TO:
Graduate Admissions
Pacific University
c/o Gerontology Certificate
190 SE 8th Ave.
Hillsboro, OR 97123
Type or print clearly.

**LEGAL NAME**

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Other names that may appear on transcripts (if different) ____________________________________________________________

**Current Address** (Until date: ___________)

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**Permanent Address**

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**PERSONAL DATA**

Social Security Number __________________________ Date of Birth __________________________

Month/Day/Year

Legal State of Residence __________________________ Place of Birth (Country) __________________________

Are you a citizen or permanent resident of the U.S.?  □ No  □ Yes

If no*, of which country are you a citizen? ____________________________________________________________

Have you attended Pacific before? □ No  □ Yes  □ If yes, when? __________________________

Have you ever been dismissed from any school or college? □ No  □ Yes  (If yes, explain on a separate sheet.)

How did you first hear of Pacific University Oregon? __________________________________________________

How did you first hear about the GCGH program? ____________________________________________________

Who or what influenced you to apply? ________________________________________________________________

*NON-CITIZENS

What type of visa do you currently hold? ____________________________________________

Students holding an immigrant/resident visa should include a photocopy of their visa card with the application. The GCGH Program is not allowed to provide F-1 visas to students.

Test of English as a Foreign Language (TOEFL) Date __________________________ Score ____________

Official TOEFL scores required - minimum paper-based test score of 600, computer-based test score of 250, or internet-based test score of 105.
**COLLEGE/UNIVERSITY INFORMATION**
List all colleges/universities attended (even if for only one course) after high school.
Submit official transcripts for each college or university attended.

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<th>To Mo/Yr</th>
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<th>Degree Earned</th>
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**Bachelor’s degree:**
Date rec’d/Institution: ____________________________
(Check one) □ BA □ BS Other_____________________
Major _________________________________

**Graduate degree:**
Date rec’d/Institution: ____________________________
(Check one) □ MA □ MS Other_____________________
Major _________________________________

**WORK INFORMATION**
Current Profession _________________________________ Years of experience ________
Current Employer _________________________________
Description of work setting _________________________________

Are you a current student enrolled in an entry-level program within the College of Health Professions? _____________
If yes, indicate program and anticipated graduation date. _______________________________________________________

_I affirm that all the information contained in this application is true and correct to the best of my knowledge. I understand that the falsification of any part of this application is grounds for my disqualification for admission or dismissal from the program. In addition, I understand that this application becomes the property of Pacific University and is not returnable. I further understand that the application is accessible to faculty, staff, and members of the Admissions Committee._

Signature ___________________________ Date ___________________________

**SEND COMPLETED APPLICATION PACKAGE TO:**
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Pacific University
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190 SE 8th Ave.
Hillsboro, OR 97123
Items below do not have any bearing on the admission decision and are used for statistical purposes only.

NAME ____________________________________________

GENDER ____________________________________________

ETHNICITY
1) Are you Hispanic/Latino?  ■ Yes  ■ No

2) Check all that characterize your race.
   (Note: Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.)

   ■ White (non-Hispanic)
   ■ Black or African American
   ■ Asian
   ■ American Indian or Alaska Native
   ■ Native Hawaiian or other Pacific Islander
   ■ Other ___________________________