Certificate Program Application

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING

Personal

Please type or print in ink.

Name Last _____ First _____ Middle _____ Former Name(s) _____

Mailing address Street _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail _____

Place of employment _____ Business phone _____

Sex ☐ M ☐ F Social Security number _____-_____-_____ Birth date ___-___-_____

Check **one** of the following and fill in the appropriate information:

☐ **U.S. citizen** - Indicate state of birth _____

☐ **Permanent Resident** - Country of citizenship _____

Resident alien number A# _____

☐ **International applicant** - Country of citizenship _____

Country of residence _____

Country of birth Visa type _____

☐ Yes ☐ No Have you previously applied for admission to a Lewis & Clark graduate program?
If yes, which program? _____

☐ Yes ☐ No Have you previously completed a Lewis & Clark graduate program?
If yes, which program? _____

☐ Yes ☐ No Do you plan to apply for financial aid?

If yes, visit www.lclark.edu/offices/student_financial_services for information about applying.

☐ Yes ☐ No Are you currently serving in or have you served in the armed forces?
If yes, do you plan to use your VA Education Benefits? ☐ Yes ☐ No

The following questions are optional and are used for reporting purposes only.
Are you Hispanic/Latino? ☐ Yes ☐ No
Regardless of your answer to the previous question, please check any and all that apply on the following list:
☐ American Indian/Alaska Native ☐ White ☐ Black or African-American ☐ Asian
☐ Native Hawaiin or other Pacific Islander ☐ Decline to state ☐ Other_____

What is your first language, if other than English? _____

Languages other than English in which are you fluent: _____

Current marital status: ☐ Single/Widowed/Divorced ☐ Married ☐ Living with partner

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Lewis & Clark Graduate School of Education and Counseling
0615 SW Palatine Hill Rd, MSC 85
Portland , OR 97219-7899

Center for Community Engagement
Phone: 503-768-6040
Fax: 503-768-6045
Email: cce@lclark.edu

graduate.lclark.edu

Program of Study (check one)

☐ Eating Disorders Certificate

☐ Documentary Studies Certificate

☐ Oregon Writing Project Certificate in the Teaching of Writing

☐ Other: _____

Education

List all colleges, universities, and professional schools you have attended. List the most recently attended institution first. Please submit an **official, sealed** transcript showing a bachelor's degree earned.

College/University	Dates attended	Degree	Major/Concentration	Degree received or expected?	Date received or expected?
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Resume

Please provide a current professional resume listing positions that you have held for threee months or longer, including your current position, if any. Also list any post secondary scholastic or academic honors, fellowships, or scholarships you have received.

Personal Statement

Please attach a brief typed statement outlining your professional background as it pertains to your interest in this certificate program.

To the best of my knowledge, the information in this application is complete and accurate.

Applicant's signature _____ Date _____

Please mail this application and all supporting documents to:

Center for Community Engagement
Lewis & Clark Graduate School of Education and Counseling
0615 SW Palatine Hill Rd, MSC 85
Portland , OR 97219-7899

Note: All materials submitted in connection with an application for admission become the property of Lewis & Clark.

FOR OFFICE USE ONLY:

Degree applicable: ☐ yes ☐ no

To be reviewed by the Graduate Admissions Committee: ☐ yes ☐ no

Signature: _____ Date: _____