

EDUCATIONAL BACKGROUND

Note: Please have college transcripts sent directly to Susan Adam Rita, Graduate Certificate Program Coordinator, Developmental Disabilities Institute, via the contact information provided in this application.

Graduate Education

Current Program:

College/University: _____

Department/Division: _____

Degree being pursued: _____ Major: _____

Minor/Cognate: _____

Date of Entry into Program: _____

Anticipated Date of Program Completion: _____

Major Academic Advisor: _____ Phone: (____) _____

Completed Program:

College/University: _____

Department/Division: _____

Degree Awarded: _____ Major: _____

Minor/Cognate: _____

Date of Entry into Program: _____

Date of Program Completion: _____ Date of Program Completion: _____

Major Academic Advisor: _____ Phone: (____) _____

Undergraduate Education

1) College/University: _____

Department/Division: _____

Degree Awarded: _____ Major: _____

Minor/Cognate: _____

Date of Entry into Program: _____

Date of Program Completion: _____ Date of Program Completion: _____

Major Academic Advisor: _____ Phone: (____) _____

2) College/University: _____

Department/Division: _____

Degree Awarded: _____ Major: _____

Minor/Cognate: _____

Date of Entry into Program: _____

Date of Program Completion: _____ Date of Program Completion: _____

Major Academic Advisor: _____ Phone: (____) _____

WORK EXPERIENCE

1) Agency/Organization Name: _____

Supervisor Name and Title: _____

Agency Address: _____
Street City State/Zip

Agency Phone: (____) _____ Web/e-mail: _____

Dates Employed: _____ Position: _____

Responsibilities: _____

2) Agency/Organization Name: _____

Supervisor Name and Title: _____

Agency Address: _____
Street City State/Zip

Agency Phone: () _____ Web/e-mail: _____

Dates Employed: _____ Position: _____

Responsibilities: _____

3) Agency/Organization Name: _____

Supervisor Name and Title: _____

Agency Address: _____
Street City State/Zip

Agency Phone: () _____ Web/e-mail: _____

Dates Employed: _____ Position: _____

Responsibilities: _____

4) Agency/Organization Name: _____

Supervisor Name and Title: _____

Agency Address: _____
Street City State/Zip

Agency Phone: () _____ Web/e-mail: _____

Dates Employed: _____ Position: _____

Responsibilities: _____

LETTERS OF SUPPORT/REFERENCES

Please provide names and contact information for the three people whom you will be asking to write letters of support for your application. Please contact these individuals and ask them to send letters of support/reference directly to Susan Adam Rita, Graduate Certificate Program Coordinator, Developmental Disabilities Institute, via the contact information provided in this application.

1) Name: _____ Title: _____

Agency/Organization Name: _____

Address: _____
Street City State/Zip

Phone: (____) _____ e-mail: _____

Length of Acquaintance: _____

2) Name: _____ Title: _____

Agency/Organization Name: _____

Address: _____
Street City State/Zip

Phone: (____) _____ e-mail: _____

Length of Acquaintance: _____

3) Name: _____ Title: _____

Agency/Organization Name: _____

Address: _____
Street City State/Zip

Phone: (____) _____ e-mail: _____

Length of Acquaintance: _____

PROGRAM GOAL STATEMENT

Please provide a statement of what you hope to accomplish by participating in the Developmental Disabilities Institute's Graduate Certificate in Disabilities Program. Indicate both interests you wish to pursue while in the Program and contributions you hope to make to the field after Program completion.

My signature below indicates that the information in this application is complete, accurate and up-to-date to the best of my knowledge. It is also my explicit consent for contact with employers, advisors and references to confirm the information contained in this application.

Signature: _____

Date: _____

Return Application and current vita/resume to:

Susan Adam Rita
Graduate Certificate Program Coordinator
Developmental Disabilities Institute
Wayne State University
4809 Woodward Avenue
268 Leonard Simons Building
Detroit, Michigan 48202
Phone: (313) 577-0333
Fax: (313) 577-3770
e-mail: av2438@wayne.edu