

**INTERDISCIPLINARY GRADUATE CERTIFICATE IN DISABILITY STUDIES
APPLICATION FOR ADMISSION**

NAME:

EMAIL:

MAILING ADDRESS:

HOME PHONE:

WORK PHONE:

1. Applying for term beginning: (Month/Year)

2. a. Currently enrolled at Temple University: Yes No

b. Current academic status: Undergraduate Graduate

c. Degree Program: Credits completed:

d. Faculty Advisor:

3. a. Currently enrolled at another college/university: Yes No

b. Name of the University:

c. Current academic status: Undergraduate Graduate

d. Degree Program: Credits completed:

5. List below all universities previously attended (including Temple University). Send copies of all transcripts with application:

| NAME | LOCATION | DATES | MAJOR/DEGREE |
|------|----------|-------|--------------|
|------|----------|-------|--------------|

Two letters of recommendation from:

| NAME | TITLE | INSTITUTION | ADDRESS |
|------|-------|-------------|---------|
|------|-------|-------------|---------|

6. PROFESSIONAL EXPERIENCES (Begin with most recent: up to three)

| Agency | Location | Dates |
|--------|----------|-------|
|--------|----------|-------|

7. ORGANIZATIONAL ACTIVITIES (Professional, community, etc.)

8. PROFESSIONAL GOALS: On a separate sheet, (at least one single spaced page) indicate your special interests, plans, objectives within the field of Disability Studies.

In compliance with the Americans with Disabilities Act, Temple University will provide reasonable accommodations to qualified students.

RETURN THIS FORM AND ALL MATERIALS INCLUDING LETTER OF RECOMMENDATION TO:

DISABILITY STUDIES PROGRAM
INSTITUTE ON DISABILITIES
USB, SUITE 610
1601 NORTH BROAD STREET
TEMPLE UNIVERSITY
PHILADELPHIA, PA 19122