

Last Name		First	Middle	(Optional) Race/Ethnic Group		Date of application
Street address						E-mail Address
City		State	ZIP code	Semester/Year Applying For		Telephone no. Home: Work:
How did you find out about the Program? (Circle only one)	A Via your college	B Program Brochure	C Career Counselor	D Military Service	E Current Graduate Student	
F Internet	G Personal Letter	H Professor	I Recruiter	J Grad Bulletin	K Other	

Application for Admission Graduate Certificate in Disability Studies

Counseling, Educational
Psychology & Research
The University of
Memphis
Memphis, TN 38152

Please read carefully and complete by printing in ink or typing.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

An Equal Opportunity /Affirmative Action University

We are an equal opportunity institution, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

Professional and Career Goal Statement

This statement should be a concise essay (500 words or less) that reflects your educational and career goals. Explain the reasons for wishing to take a Graduate Certificate in the area of disability studies and how the program corresponds with prior experience and anticipated career plans. (Use additional sheets as necessary.)

Are you planning on attending part-time or full-time? Part-time _____ Full-time _____

Professional Affiliations/Honors/Accomplishments

(Feel free to exclude those indicating race, color, religion, gender, sexual orientation, national origin, age, handicap, or Vietnam-era veteran status)

Professional society memberships, certificates, or licenses held; offices held in organizations

Academic honors received such as prizes, fellowships, scholarships, election to honorary societies, or distinctions

Publications/Professional Presentations

Educational History (attach additional sheets as necessary)

School name	Locati on	Major course	Dates attended		Graduated		Degree
					Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Counseling Courses Previously Taken (use additional sheets as necessary)

Course and Title Units Institution Grade Year Taken

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

May we contact your present employer? Yes _____ No _____

Last or present company Type of business		Title or job classification
Street address Phone no.		Brief description of job duties
City State ZIP code		
Supervisor's name and title Phone no.		
Full or Part Time	Dates worked	
	From	To
Reason for leaving		
Company Type of business		Title or job classification
Street address Phone no.		Brief description of job duties
City State ZIP code		
Supervisor's name and title Phone no.		
Full or Part Time	Dates worked	
	From	To
Reason for leaving		

U.S. Military Record

Branch of service From To

Present military affiliation: None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of training and duty while in service:

Professional/Work References

List three persons, past supervisors, and/or professors who are not related to you who have knowledge of your qualifications for the program for which you are applying. Please distribute enclosed reference forms to those persons listed below. Provide stamped, pre-addressed envelopes with the reference forms. You are responsible for making sure your references have sent the reference form directly to the appropriate Program Coordinator.

Name	Title/relationship	Address (street, city, state, zip code)	Phone no. (include area code)	Occupation

If any of your educational or employment records are under other than the above name, please provide other names.

I hereby certify that none of the information on this application is false or has been withheld. I further certify that I understand that giving false information or withholding information may make me ineligible for admission or to continue my enrollment at The University of Memphis.

Signature

Date

**REFERENCE FOR GRADUATE
CERTIFICATE IN DISABILITY STUDIES**
DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH
THE UNIVERSITY OF MEMPHIS

Applicant: (Copy as many of these forms as you need - 3 professional and/or academic references required).

To be completed by **Applicant:** (For admission to: Fall _____ Spring _____)

APPLICANT'S NAME: _____

U NUMBER: _____

RECOMMENDER'S NAME: _____

To be completed by **Recommender:**

RECOMMENDER: The applicant has given your name as a reference in support of his/her application for graduate study. We would appreciate your candid evaluation of the applicant's potential. In keeping with the Family Educational Rights and Privacy Act, please be aware that students have a right to see their records, including recommendations.

A. How well do you know the applicant? _____ Quite well _____ Moderately well _____ Know only Slightly
In what capacity? _____ For how long? _____ years _____

B. Estimate applicant's capabilities: (Be sure to compare with other Graduate Students.) Please rate the applicant for each of the following characteristics by circling the appropriate point on the continuum.

	No Basis for Judgment	Very Low	Average	Very High
a.) Motivation for Graduate Work	0	1 2 3	4 5 6	7 8 9
b.) Intellectual Ability	0	1 2 3	4 5 6	7 8 9
c.) Creativity	0	1 2 3	4 5 6	7 8 9
d.) Breadth of General Knowledge	0	1 2 3	4 5 6	7 8 9
e.) Grasp of Field	0	1 2 3	4 5 6	7 8 9
f.) Oral Expression	0	1 2 3	4 5 6	7 8 9
g.) Written Expression	0	1 2 3	4 5 6	7 8 9
h.) Initiative	0	1 2 3	4 5 6	7 8 9
i.) Resourcefulness	0	1 2 3	4 5 6	7 8 9
j.) Emotional Maturity	0	1 2 3	4 5 6	7 8 9
k.) Ability to Work with Colleagues	0	1 2 3	4 5 6	7 8 9

C. Overall, do you recommend this applicant for admission to the counselor preparation program?
_____ No _____ Yes, with reservations _____ Yes, without reservations.

D. Comments _____

(Additional comments can be written on the back or attached on a separate sheet.)

Signature _____ Position _____

Institution _____

Date _____

Mailing Address _____

Phone(____) _____

Please return DIRECTLY to:

CEPR Admissions Committee
100 Ball Education Building
The University of Memphis
Memphis, TN 38152

Students are admitted to the Graduate Certificate in Disability Studies three times a year - Fall, Spring and Summer semesters.

Application to any of Graduate Certificate in Disability Studies requires TWO separate applications:

1. Apply to the Graduate Admissions Office, Administration Building, The University of Memphis for acceptance into the Graduate School.
2. Complete the department application form and obtain 3 professional and/or academic references to be sent directly to this department.

Attached are the necessary department application materials. Obtain University forms from the Graduate Admissions Office.

We appreciate your interest in our program and will be pleased to answer any further questions. For information concerning the status of your Graduate Admissions material, contact the Graduate Admissions office at (901) 678-2911. For further information concerning application procedure, you may contact the departmental office staff at (901) 678-2841.