

# GRADUATE CERTIFICATE PROGRAM

## APPLICATION FOR ADMISSION

This form will be used by applicants who have earned a baccalaureate degree and are seeking admission to a Graduate Certificate program, but are not admitted to a graduate program at The University of South Dakota. Check with your advisor for information about how these credits hours may transfer to a graduate degree from USD. The graduate certificates are eligible for federal student loans if students are approved for such loan. Please complete your Statement of Purpose on the second page provided. Your statement should include your purpose in pursuing a certificate program and its applicability to your future goals.

To which Online Graduate Certificate program are you applying (please check one)?  Alcohol & Drug Studies  Long-Term Care Management

\_\_\_\_\_

Social Security Number

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Last Name	First Name	Middle
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Mailing Address	City	State	Zip Code
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Permanent Address	City	State	Zip Code
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Home Telephone	Email Address
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Date of Birth	Place of Birth	Gender
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Are you a U.S. citizen?  Yes  No      If yes, what is your state of residency? \_\_\_\_\_ How long? \_\_\_\_\_

If no, what country are you from? \_\_\_\_\_ Are you a U.S. permanent resident?  Yes  No

What semester/year do you plan to enroll?  Fall  Spring  Summer      Year? \_\_\_\_\_

Do you intend to apply to a Graduate Degree Program at The University of South Dakota?  Yes  No

If yes, which degree program is your first choice? \_\_\_\_\_

I certify that I have been awarded a baccalaureate degree from the following institution (please list additional degrees on a separate sheet if necessary):

Institution	Location	Degree Earned	Date Earned
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If you have completed any college coursework at an institution other than USD, please list below. (Attach a separate sheet if necessary.)

Institution	Location	Degree Earned, if any	Date Earned
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*In order to comply with The University of South Dakota and Federal Policies of equal opportunity for members minority groups, we invite you to designate any minority group status with which you feel identified. This information is voluntary.*

Racial/Ethnic Group:  White  Black  Asian  American Indian  Hispanic  Other

How did you learn about this certificate? \_\_\_\_\_

I certify that the above information with respect to degrees awarded is true and correct and I understand that the inclusion of false information may lead to dismissal and/or denial of all credit awarded.

Signature	Date
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**For internal use only:**

_____	Date	_____ A _____ D
Chair/Director Signature		
_____	Date	_____ A _____ D
Graduate School Dean Signature		

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## STATEMENT OF PURPOSE



The University of South Dakota

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Vermillion, SD 57069 - 2390

1-800-233-7937

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**Extraordinary.**