

Application for Admission Graduate Certificate Program in Program Evaluation

APPLICANT Complete the front and back of this form and return to Dr. Ann A. O'Connell, Coordinator, Graduate Certificate Program in Program Evaluation, Department of Educational Psychology, Neag School of Education, 249 Glenbrook Road, Unit 2064, Storrs, CT 06269-2064

Name _____ Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ E-mail _____

Date of Birth _____ Country of Citizenship _____

Currently a University of Connecticut Graduate Student? _____ yes _____ no

If yes, what year are you (e.g., third year of doctoral program) _____

If no, admission to Graduate School completed? _____ yes DATE APPLIED _____
_____ no

<u>Colleges/Universities Attended (include current)</u>	<u>Major/Degree</u>	<u>Date Conferred</u>	<u>GPA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Areas of Interest in Program Evaluation

Past/Current Involvement in Program Evaluation Activities

Description of Personal Goals for the GCPPE

References: List names and addresses of at least three persons who would be willing to supply a letter of recommendation (if requested to support your application). Please indicate how long you have known each reference.

	<u>Name</u>	<u>Position/Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature _____ Date _____

For office use:

Date received _____

Date of admission _____

Faculty Mentor _____

Plan of Study submitted (date) _____

Expected date of completion of GCPPE program _____