**Request for Gerontology Certificate (please type)**

Name (as you want it to appear on Certificate) Date

Mailing Address (for Certificate)

Telephone Number (Home) (Work)

Email Address

Please list the course numbers and completion dates that meet the requirements for the Graduate Certificate of Gerontology (15 hours)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Credit Hours** | **Course #** | **Course name** | **Semester/Year Completed** |
| Perspectives on Aging  | 3 | GRNT 6000 | Perspectives on Aging |  |
| Biology core requirement (e.g. GRNT8200) | 3 |  |  |  |
| Psychology core requirement (e.g. GRNT 6700) | 3 |  |  |  |
| Sociology core requirement (e.g. GRNT 6650) | 3 |  |  |  |
| Elective | 3 |  |  |  |
| Research or Practicum | 3 |  |  |  |

Additional Notes:

Student’s signature Date

PRELIMINARY APPROVAL Institute of Gerontology Director’s or Graduate Coordinator’s signature Date

FINAL APPROVAL\* Institute of Gerontology Director’s or Graduate Coordinator’s signature Date

\*Please note that you cannot receive your Graduate Certificate of Gerontology until all classes listed above have been completed and appear on your transcript, and the final version of your practicum or research project has been submitted to the Center. An exit interview should also be completed. Please mail this completed form to: Graduate Coordinator, University of Georgia Institute of Gerontology, Hudson Hall, 102 Spear Road, Athens, GA 30602