



### Undergraduate Certificate on Aging Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Permanent Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Current Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Primary Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_  
Sem./Yr.: \_\_\_\_\_

Major: \_\_\_\_\_

1. Please describe briefly why you are applying for admission to the Undergraduate Certificate on Aging Program:

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2. In what way(s) do you expect education in the field of aging will enhance your future, personally and/or professionally?

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3. List the aging courses that you have already completed at UHM:

A. Course No. and Name:

Semester, Yr. Taken:

Grade:

B. Course No. and Name:

Semester, Yr. Taken:

Grade:

C. Course No. and Name:

Semester, Yr. Taken:

Grade:

D. Course No. and Name:

Semester, Yr. Taken:

Grade:

E. Course No. and Name:

Semester, Yr. Taken:

Grade:

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4. List aging- related practica or field experience courses that you have already completed at UHM.

These are practica that focus exclusively on older adults.

A. Course No. and Name:

Semester, Yr. Taken:

Grade:

Brief Description:

B. Course No. and Name:

Semester, Yr. Taken:

Grade:

Brief Description:

C. Course No. and Name:

Semester, Yr. Taken:

Grade:

Brief Description:

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5. List UHM Aging courses and/or practica in which you are currently enrolled.

A. Course No. and Name:

B. Course No. and Name:

C. Course No. and Name:

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6. List courses in aging taken for credit at other colleges or universities: Give name of the college, name of the course, year taken, grade, and brief description of course.



7. List paid and/or volunteer work experience with older adults. Describe each such experience briefly below.



8. Is there anything else you would like us to know concerning your experience with older adults and/or your goals in taking the Certificate?

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Thank you for your application. We will contact you in the near future. For further information, call the Center on Aging at (808) 956-5001, or e-mail: [uhcoa@hawaii.edu](mailto:uhcoa@hawaii.edu)