Application of Interest (Please Print)

Western Carolina University's Professional Certificate in Emergency and Disaster Management

Please review the admission requirements for this professional certificate at our website: http://www.wcu.edu/31021.asp. There is a \$25.00 non-refundable administrative fee due with the application of interest. Your application will not be reviewed until the application fee has been paid. You may choose to pay the application fee online at the website or submit with a check payable to Western Carolina University.

CITY:	STATE:	ZIP:
PHONE:	CELL:	
EMPLOYER:		
	STATE:	
WORK PHONE:	WORK FAX:	
Email		

- Most recent semester grade point average
- Most recent cumulative grade point average

Submit a transcript documenting your previous education.

Statement of Professional Goals

Attach a typed written statement of one to two pages in length describing your emergency management work experience, previous college coursework, and how the certificate in emergency and disaster management to enhance your career goals. Your written statement must be formatted using: 1) Times New Roman font, 2) a font size of 12, 3) one inch margins on all sides, 4) double-spaced, and 5) 1 to 2 pages in length. Include your name as a header.

Letter of Sponsorship

Applicants for the Emergency & Disaster Management Certificate program must submit a letter of reference from their local emergency management agency, law enforcement agency or military unit that attests to the character of the applicant. Letters of sponsorship must be produced on agency letterhead. The contents should include the information stated below:

LETTER OF SPONSORSHIP

TO: Director, Emergency and Disaster Management Program, Western Carolina University

Please admit the individual named below in Western Carolina University's Emergency and Disaster Management certificate program under sponsorship of the below named enforcement or emergency management agency or military unit.

By requesting the admission of this individual, I attest that I am aware of nothing in this person's character or reputation that would bring discredit upon my agency, law enforcement, or Western Carolina University. This knowledge is based on either personal knowledge of the individual or a criminal background check.

Signature of Agency Representative	Agency	Date
Print Full Name of Student		
Signature of Sponsored Student	Date	

Submit the application, statement of professional goals, and agency sponsorship letter to:

Professional Certificate in Emergency and Disaster Management EDM Program Director Western Carolina University 108 Belk Building Cullowhee, NC 28723

My signature below indicates that the information in this application is true and accurate.

SIGNATURE: DAT	E:
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