

CREDIT CERTIFICATE PROGRAMS

Innovation Studies Post-Baccalaureate Certificate Application

To apply for admission to a College of Continuing Education (CCE) post-baccalaureate certificate program, please submit these materials. (*Note: we cannot process your application until all materials are received.*)

- Completed application form.
- Official transcripts from your baccalaureate college and any post-baccalaureate colleges or universities you have attended. (University of Minnesota transcripts do not need to be submitted by applicant) ****Order transcripts as soon as possible to allow for timely delivery as some institutions may take several weeks to process transcript requests.*
- \$35 application fee. Attach check or money order payable to the University of Minnesota for the nonrefundable application fee. *NOTE: Application fee is **not** required for currently admitted degree or credit certificate students.*
- A current resume.
- Eight to ten-page current writing sample (e.g. from a previous work or classroom assignment)
- Two-page statement explaining your reasons for pursuing this certificate and how it fits into your educational, personal, or career goals.
- Optional: Submit letters of reference from past or current employers and/or professors.

Indicate the term and year in which you wish to begin study

- ☐ Spring Semester, 20____
- ☐ Summer Term, 20____
- ☐ Fall Semester, 20____

Application Deadlines

Application to the Innovation Studies Certificate can be made at any point in the term.

PERSONAL INFORMATION (Please print clearly or type)

University ID or Social Security Number	Date of Birth	Name (last, first, middle, former)	
Home address (Street, City, State, Zip)		Employer Name & Address (Street, City, State, Zip)	
Daytime Phone (with area code)		Evening Phone (with area code)	Email Address
Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell	Email Type: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (specify) _____	
Names(s) of Universities/Colleges attended (<i>all non-U of M transcripts need to be sent to the Office of Admissions</i>)	Dates attended	Degree awarded	Transcripts (in sealed envelope or being sent from institution)
1.			<input type="checkbox"/> Yes Date:
2.			<input type="checkbox"/> Yes Date:
3.			<input type="checkbox"/> Yes Date:
4.			<input type="checkbox"/> Yes Date:

Have you previously applied to a College of Continuing Education (CCE) certificate program? ☐ Yes ☐ No

COLLEGE OF CONTINUING EDUCATION CERTIFICATE APPLICATION QUESTIONS

Before you answer these questions, please be sure to familiarize yourself with the certificate's curriculum, goals, and admission requirements. You can review this information on our website at www.cce.umn.edu/is . If you plan to eventually use courses from this certificate program toward a specific graduate *degree* program, you are encouraged to consult with an adviser in your desired degree program before completing this application.

The application information you provide will be used by the Faculty Admissions Committee. Certificate admissions decisions are based on your previous academic record, your writing skills, and the compatability of this program with your stated objectives.

Please answer the following questions. Write "not applicable" if the question does not apply to you.

1. Have you ever been admitted to a degree program at the University of Minnesota, Twin Cities campus? If so, please list the college(s) that admitted you and explain your current status with that college (e.g., admitted but did not enroll, began the program but did not finish, graduated, transferred to another college, etc.)

2. With whom, or with what office, have you discussed your current educational or career plans? (e.g., college adviser, U of M admissions office, your employer's Human Resources departemnt, Graduate School, etc.).

3. If your overall grade point average (GPA) in previous academic work was less than 3.00 (B average), briefly describe the circumstances affecting your past performance and what has changed to ensure the probability of more successful performance today?

REQUEST FOR CONFIDENTIAL INFORMATION

The information requested below is voluntary and will be used for summary reports required for federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide any of the requested information.

Gender (check one): ☐ Male ☐ Female

Ethnic background (check one):

- ☐ *African-American (non-Hispanic origin):* a person having origins in any of the black racial groups of Africa (excluding persons of Spanish, Portuguese, Latin American, or other Hispanic origin).
- ☐ *American Indian or Alaskan native:* a person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.
- ☐ *Asian or Pacific Islander:* a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.
- ☐ *Chicano or Mexican-American:* a person of Mexican-American origin.
- ☐ *Hispanic:* a person of Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.
- ☐ *White, non-Hispanic:* a person having origins in any of the original peoples of Europe, North Africa, or the Middle East (excluding persons of Spanish or Portuguese origin).
- ☐ Multi-ethnic background (please list): 1) _____ 2) _____

I certify that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to submit transcripts from each academic institution (except the University of Minnesota) I have attended and the \$35 application fee (if required). I understand that misrepresentation of application information is sufficient grounds for canceling admission.

Signature: _____ Date: _____

PLEASE RETURN APPLICATION AND FEE TO:

**College of Continuing Education
Certificate Completion Center
20 Ruttan Hall
1994 Buford Ave
St. Paul, MN 55108**

Telephone: (612) 624-4000
FAX: (612) 625-1511
E-Mail: cceinfo@umn.edu
Website: <http://www.cce.umn.edu/>



This publication is available in alternative formats; contact **the CCE Information Center, (612) 624-4000**.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

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