

Disability Studies Certificate Declaration of Completion

Submit the completed request to:
Carol Britton Laws, PhD, MSW; Disability Studies Coordinator
E-mail: cblaws@uga.edu

Please note: Award of the Disability Studies Certificate is contingent upon earning satisfactory grades for the required credit hours. Upon verification of course completion, a confirmation letter will be sent to the registrar's office. The completion of the certificate will be indicated on your transcript and a Certificate issued to you by the Institute on Human Development and Disability.

Educational Level:

☐ Undergraduate (minimum 15 credit hours)

☐ Graduate (minimum 18 credit hours)

Date:

Name (First):

Name (Middle):

Name (Last):

Student 810 Number:

Mailing Address:

Preferred E-mail (non-UGA mail):

UGA E-mail:

Preferred Phone:

Please note: As a graduate of IHDD's Disability Studies Certificate, you will be contacted by IHDD for follow up periodically. Please include contact information which will be current after you graduate if possible.

Major/Minor:

UGA College/School/Institute:

Semester & Year of Graduation:

Please indicate the courses taken, semester completed, grade achieved, and total Disability Studies credit hours completed:

IHDD Course 1:

Semester and Year:

Grade Achieved:

IHDD Course 2:

Semester and Year:

Grade Achieved:

IHDD Course 3:

Semester and Year:

Grade Achieved:

IHDD Course 4:

Semester and Year:

Grade Achieved:

IHDD Course 5:

Semester and Year:

Grade Achieved:

IHDD Course 6:

Semester and Year:

Grade Achieved:

Elective Course (up to 3 hours of course credit can be applied for approved courses outside IHDD):

Semester and Year:

Grade Achieved:

TOTAL CREDIT HOURS:

If you completed a Directed Study Project (IHDD 3010/7010), please describe your project(s) here:

Please indicate your level of agreement with the following statements about the Disability Studies Certificate Program:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was very satisfied with the Certificate program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned a lot in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to apply what I have learned through this program in my future studies/work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Comments:

By submitting this request, I hereby certify that I have completed all requirements to receive my Disability Studies Certificate from the Institute on Human Development and Disability at the University of Georgia.

Student's Signature:

Date:

Please e-mail your completed Declaration of Completion form to Dr. Carol Britton Laws at cblaws@uga.edu
Thank you!

I do hereby certify that I have reviewed the completed approved program of study for the student above and he/she has met the requirements to receive the IHDD Disability Studies Certificate.

Disability Studies Coordinator
Signature:

Date: