

DEPARTMENTAL APPLICATION FOR MA IN GERONTOLOGY

Please type all information to be entered on this form. Attach additional sheets as necessary.

Date _____ Applying For: Fall Semester/Year _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) Home _____ Office _____

UIN (if applicable) _____ Cell _____

Email Address _____

I. ACADEMIC HISTORY

A. List below, in chronological order (most recent first), all colleges attended, including dates attended, major, and degree.

INSTITUTION	MONTH/YEAR ATTENDED	MAJOR	DEGREES

Professional certificates or credentials held, if any.

Description	Issued by State of	Expiration Date

B. List any special training workshops/conferences on Gerontology attended, if any.

C. Please list below courses in progress which may not appear on official college or university transcripts, but will be completed prior to starting graduate work in Gerontology.

D. List publications, papers presented and/or funded research/projects, if any.

II. PROFESSIONAL/VOLUNTEER EXPERIENCE

A. Employment History: List below, beginning with the most recent, paid experience which you have had in the past ten years.

Date Year – Year	Organization and Address	Your Position or Title	Supervisor’s Name/Email

B. Professional Leadership: What project or organizational leadership positions have you held, particularly as this relates to working with an aged population, if any?

C. Volunteer Work Experience: List below, most recent first, relevant volunteer work, if any.

Date Year – Year	Organization	Position or Title	Supervisor	Email

III. PERSONAL AND PROFESSIONAL REFERENCES

A. Please name three (3) persons who are qualified to validate your personal and professional qualifications. At least two of these should be professional references. (Please exclude family and friends).

Name	Address/Phone/Email	Relationship	Time Known

IV. Please rank academic program emphases for the MA in Gerontology in order of interest (#1 is of highest interest to you):

- ___ Geriatric/Home Care Management
- ___ Health, Wellness and Aging
- ___ Long-Term Care Administration

V. Please attach a biographical statement/statement of purpose describing why you wish to pursue graduate work in Gerontology.

Statement of purpose (continue on back for more space or attach typed statement):

A large empty rectangular box with a black border, intended for applicants to provide their application materials, including transcripts, letters of reference, and a biographical statement.

PLEASE MAIL THIS APPLICATION, UNOFFICIAL COPIES OF YOUR TRANSCRIPTS,
THREE LETTERS OF REFERENCE, AND YOUR BIOGRAPHICAL
STATEMENT/STATEMENT OF PURPOSE TO THE FOLLOWING ADDRESS:

SFSU Gerontology Programs
MA Admissions Committee
1600 Holloway Avenue, HSS 242
San Francisco, CA 94132-4151