

University of Colorado at Colorado Springs  
 College of Letters, Arts and Sciences  
 Extended Studies Program  
Undergraduate Online Gerontology Certificate Program

**Part I: Complete this section and then meet with Director of LAS Extended Studies for course planning.**

NAME: _____	UCCS Student ID: _____
Address: _____ _____ <small>City State Zip</small>	Phone Number: _____
Email Address: _____	

**INTENT OF PROGRAM COMPLETION  
 UNDERGRADUATE ONLINE GERONTOLOGY CERTIFICATE PROGRAM**

I, \_\_\_\_\_, intend to begin my program of study during the \_\_\_\_\_  
(print name as it will appear on certificate) (Fall, Spring or Summer)  
 semester of \_\_\_\_\_ and intend to complete my program of study within two (2) academic years.  
(year)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

LAS/ES Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II: When you begin your last course, meet again with Director of LAS Extended Studies and complete the section below.**

Listed below are the courses you are required to complete to receive your certificate.

Course Number	Course Name	Semester Completed	Validated
GRNT 204-3	Biomedical Aspects of Aging	_____	_____
GRNT 300-3	Introduction to Gerontology	_____	_____
GRNT 462-3	Sociology of Aging	_____	_____
GRNT 463-3	Psychology of Aging	_____	_____
GRNT 498-3	Professional Field Experience in Gerontology	_____	_____
Approved Elective-3	_____	_____	_____
Approved Elective-3	_____	_____	_____

Date of completion of requirements: \_\_\_\_\_

**REQUEST FOR AWARD OF CERTIFICATE:**

I have fulfilled (or am presently registered for) all the required certificate courses as indicated above. I hereby request that my file be reviewed for completion and that I be awarded my certificate.

\_\_\_\_\_  
*Student Signature* Date

\_\_\_\_\_  
*LAS/ES Director Signature* Date

\_\_\_\_\_  
*Gerontology Center Director Signature* Date

\_\_\_\_\_  
*LAS Dean Signature* Date