



Application for Admission to the University of Georgia Interdisciplinary Graduate Certificate in University Teaching

Instructions: Complete this form and obtain the required signatures. Return the original copy and letter of support from a faculty mentor or professor to the Graduate School, 210 South Jackson Street, Athens, Georgia 30602.

Applicant Information

Last Name:

First Name:

SS# number (last 4 digits):

Email Address:

Street Address:

City:

State:

Zip Code:

Phone Number:

Current Degree Program:

Academic Department

**Faculty Mentor for
Certificate Program:**

Student's Signature: _____ **Date:** _____

Mentor's Signature: _____ **Date:** _____
