

**Application for Admission Certificate in Developmental Disabilities
Human Development Institute, University of Kentucky**

Name: _____

UK ID or Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

If you are currently enrolled in a graduate program at the University of Kentucky, please indicate your department: _____

What is your anticipated date of graduation? _____

If you are not currently enrolled in a graduate degree at the University of Kentucky, when were you admitted to the Graduate School as a post-baccalaureate student?

If employed, who is your current employer? _____

In what term do you expect to begin working on the Certificate? _____

When do you plan to complete the Certificate? _____

Describe any previous experience in the field of developmental disabilities:

Send all materials to:

Christina Espinosa, MRC, CRC
Human Development Institute
209 Mineral Industries Bldg
Lexington KY 40506-0051
Phone: 859.257.7225 FAX: 859.323.1901
E-mail: ctespinosa@uky.edu

