



Thomas
Jefferson
University

Jefferson
College of
Graduate Studies

Graduate Certificate Program Data Form

NOTE: Non-refundable application fee of \$40
must be submitted with this form

Jefferson College of Graduate Studies • 1020 Locust Street • Room M-46 • Philadelphia PA 19107-6799

Phone (215) 503-5799 • Fax (215) 503-3433 • E-mail grad-cert@jefferson.edu • http://jefferson.edu/cgs

Semester of intended enrollment at TJU Fall (September) • Spring (January) • Summer (June)

Certificate Program Clinical Research/Trials • Public Health/Health Systems Research • Research Administration

Last Name		First Name		MI	Male <input type="checkbox"/>	Social Security Number	
					Female <input type="checkbox"/>		
						Date of Birth	
Other Last, Family, or Surname that may appear on supporting documents						Month	Day
							Year
Mailing Address (Street)							
City		State		Zip		Phone Number w/ Area Code	
Permanent Legal Address (Street)							
City		State		Zip		Phone Number w/ Area Code	
Employer (if TJU, list Department)						Work Phone w/ Area Code	
E-mail address							

Citizenship (Country)		If not US citizen, type of Visa you are holding	
Response to this question is optional and is requested by the College in order to comply with statistical reporting to educational and regulatory agencies and with its responsibilities under federal and state laws dealing with affirmative action and equal opportunity.			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Other		<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian-American (Pacific Islander, Philippines, Guam)			

Test scores (i.e., GRE, MAT, MCAT) are recommended but not required. If scores are available, please list below; indicate month and year that test was taken.

APPLICATION PROCESS FOR GRADUATE CERTIFICATE PROGRAMS

- Complete form, enclose payment in the amount of \$40, and mail with items below to the address at the top of this form.
- Enclose an official college transcript demonstrating satisfactory completion of a baccalaureate, graduate, or professional degree.
- Enclose a letter of recommendation from an employer, supervisor, or academic faculty member

I certify that the information on this form is accurate

Signature

Date