RHODE ISLAND COLLEGE CERTIFICATE PROGRAM/MINOR IN GERONTOLOGY INTEREST FORM

1. Name (Please Print): _____
   Last First M.I.

2. Student 7-digit #: _____
   (or Social Security #)
3. Mailing Address: _____
   _____

4. Telephone to be reached at: _____
   E-mail address: _____

5. Highest Degree or Diploma Earned:

   Masters ( ) Baccalaureate ( ) Associates ( ) High School ( )
   Other ( ) Please specify: _____

6. Previous Education: Name of Institution: _____
   Highest Level Completed: _____
   Program: _____

7. Current status: (Check one A or B,then complete other choices for B)
   A. Gerontology Program only ( )
   B. Full-time Undergraduate ( ) Part-time Undergraduate ( )
      1. Freshman ( ) 3. Junior ( )
      2. Sophomore ( ) 4. Senior ( )
      Educational institution: _____
      Major: _____
      Minor: _____

8. Employment: Full time ( ) Part-time ( )
Please specify: Place of employment _____
Type of employment _____
Hours per week _____

9. Please indicate any work experience in the field of gerontology (including volunteer experience):

10. Please indicate educational training in the field of gerontology (including conferences, in-service training, courses at other institutions).

Return form to : Dr. Desirée Ciambrone, Gerontology Center, Rhode Island College, Providence, RI 02908 telephone: 401/456-8726 e-mail: dciambrone@ric.edu