



GERONTOLOGY CERTIFICATE PROGRAM (CARITAS)

Application for Admission

1. Complete and return this application.
2. Request **official** college transcripts from **all** colleges/universities attended.
3. Provide evidence of health assessment. A form is included for your convenience.
4. Provide two letters of reference. Forms are included for your convenience.
5. Send all information directly to:

La Salle University

School of Nursing
 1900 West Olney Avenue • Philadelphia, PA 19141-1199
 Phone: 215.951.1430 • Fax: 215.951.1896

Please type or print

1. Last Name _____ First Name _____ M.I. _____

2. Previous Name _____ Male Female

3. Address _____

City _____ State _____ Zip _____

4. Place of Employment _____ Phone (W) _____

5. Position _____ Phone (H) _____

6. Employer's Address _____

City _____ State _____ Zip _____

7. Social Security Number _____ E-mail Address _____

8. Country of Birth _____ Date of Birth _____

9. U.S. Citizen yes no If no, give Visa status _____

10. Ethnic Origin: (for statistical use only)

African American American Indian Asian Caucasian Hispanic Other

11. Colleges and/or Universities Attended: (Please list ALL)

Name of Institution	City/State	Credits Earned/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. I hereby certify that all information submitted with this application is true, correct, and complete.

Signature _____ Date _____

Failure to make full and truthful disclosure of all information requested will result in disqualification of this application or revocation of admission.