



Keene State College Certificate Program Application Form

Graduate Certificate in Safety and Health Management

PERSONAL DATA

Name _____
LAST FIRST MIDDLE INITIAL

Home Address: _____
STREET/PO BOX

_____ CITY/TOWN STATE ZIP CODE

Social Security Number: _____ Date of Birth _____
(used as a unique identifier for academic records purposes)

Home Phone Number: _____ Work Phone: _____

Email Address: _____

EDUCATION

Have you taken graduate level courses before? Yes ___ No ___ If Yes, where?

Please identify previous credits below:

Undergraduate College Work:

SCHOOL AND LOCATION	DATES ATTENDED	DEGREE(S) EARNED	GPA
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Graduate Level Work:

SCHOOL AND LOCATION	DATES ATTENDED	DEGREE(S) EARNED	GPA
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EMPLOYMENT

Please provide the following information regarding your work experience for the past 5 years.

DATES

EMPLOYER NAME & ADDRESS

POSITION

Indicate **ANY** training and work experience you have had related to the proposed field of study. (Use additional sheets if necessary).

CHECKLIST

The materials listed below are required to make your application complete:

- Official transcripts from each college attended.
- Three personal letters of recommendation attesting to your ability to do graduate level work.
- Letter from an employer verifying employment as a safety professional for at least one year. (in lieu of Safety Degree)
- An essay as described in the Graduate Certificate Program Administration document.

If you have any questions regarding this application, please call 603-358-2976. Please submit all forms, records, and recommendations to:

Dr. Larry McDonald
Keene State College
229 Main Street
Keene, NH 03435
lmcdonal@keene.edu

I certify to the best of my knowledge that the information given in this application is correct and complete.

SIGNATURE

DATE

For Safety Program only

RECEIVED BY

DATE