



The Graduate School,
 Saint Louis University
 3634 Lindell Boulevard, Suite 117
 St. Louis, Missouri 63108, USA

**Application for Admission:
 Certificate Program in
 GEOGRAPHIC INFORMATION SYSTEMS**

The Certificate in Geographic Information Systems program is offered jointly by the College of Education and Public Service and the Graduate School of Saint Louis University. Viable applicants must have earned or be finishing a bachelor's degree with a background in research and statistics.

The complete application includes the following supporting documents:

1. Application form and \$10.00 fee;
2. Transcripts of all previous academic work;
3. One letter of recommendation;
4. Applicant-prepared professional goal statement, indicating current career aspirations and the manner in which this certificate program would contribute to those plans (name and birth date on each page); and
5. Resume/C.V.

To apply to the Certificate program, complete this form and forward it, the application fee and all supporting documents to the address in the upper right-hand corner of this page. Additionally, if you are currently enrolled in the Graduate School, obtain the necessary signature in the "Recommendation of the Applicant's Current Major Field" section before submitting to Graduate School.

Please type or print the information requested below. Responses to the (*) items are not absolutely required, but these data are requested for statistical purposes only, and the applicant's cooperation is appreciated. All information will be computer-filed in the University's electronic database in aggregate form.

Are you currently enrolled in the SLU Graduate School? Yes _____ No _____

If yes, are you pursuing this degree concurrently with a SLU Graduate Degree Program? Yes _____ No _____

Name _____
Last/Family Name First Name MI (Previous Name/s if any) Salutation/Title

Banner ID # _____ **Social Security #** _____

Email Address _____

Home Phone # () _____ **Work Phone # ()** _____

Mailing Address _____
Number and Street Apartment or Box Number, if any

City State Zip

Permanent Address _____
Number and Street Apartment or Box Number, if any

City State Zip

Country, if not United States

Academic Term for which Certificate status is sought (check one box and enter year)

First/Fall Semester Second/Spring Semester Summer Session _____ Year

Birth Date _____ **Birthplace** _____
Month/Day/Year City, State; also Country, if not United States

Gender Male Female ***Marital Status:** Single Married Other _____

Citizenship Print country of citizenship; if a United States Citizen, print "USA" _____

Check here if a Resident Immigrant (i.e., a "green card" holder)
Check here if a Non-Resident Immigrant and indicate type of visa held, if any _____

***Ethnic Origin**
 American Indian or Eskimo Black, Non-Hispanic Hispanic
 Asian/Oriental or Pacific Islander White, Non-Hispanic Other _____

***Religion** Baptist Episcopal Jewish Lutheran Methodist
 Catholic Unspecified Other _____

"I, as the applicant, attest that the information provided here is, to the best of my knowledge, accurate and true."

Signed: _____ **Date:** _____

Recommendation of the Applicant's Current Major Field

The student and the major field must understand that, although some completed, advanced, academic work will partially fulfill requirements for both certificate and degree, and some elective credits within the degree program may be assigned to the certificate, full completion of both sets of requirements may total in credit hours an amount greater than that required to earn the degree alone.

I recommend approval, denial of this petition.

Signed: _____
Major-Field Chairperson/Program Director Date

Prerequisite deficiencies, if any: _____

Recommendation of the Director, Certificate Program

Admit Do Not Admit

Signed: _____
Director, Certificate Program Date

Action of Graduate School

Admitted Not Admitted

Signed: _____
Academic Dean, The Graduate School Date

Signed: _____
Dean, The Graduate School Date

Comments: _____