



GRADUATE DEPARTMENT OF HEALTHCARE AND PUBLIC ADMINISTRATION
 Fax Number (973) 275-2463

Graduate Certificate Application

| | |
|---|--|
| Title: (Check One) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Bro. <input type="checkbox"/> Rev <input type="checkbox"/> Sr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other (Specify) | Name (Last, First, Middle/Maiden) |
|---|--|

| | |
|---|--|
| Social Security # ___ - ___ - ___ | Telephone Numbers: Home :() _____ Work :() _____ |
|---|--|

Email: _____

| | |
|------------------------|-------------------------|
| Mailing Address | City, State, Zip |
|------------------------|-------------------------|

Semester Applying For: Spring 20___ Summer 20___ Fall 20___

Certificate Applying For: (Check One)
 Healthcare Administration Nonprofit Organization
 Arts Administration

Essay question for all graduate certificate applications:
 In a 300- word essay, please answer the following:

How has your personal, professional and academic background influenced your decision to pursue your chosen career? How and why will the pursuit of graduate education through the Center for Public Service at Seton Hall University assist you in achieving your professional goals?

Additional Requirements:
 Current Resume
 Undergraduate Transcripts

Signature _____ **Date** _____

For Departmental Use Only:
Admissions Decision _____ **Accept** _____ **Reject** _____

Assistant Director _____ **Date** _____