

Adult Learning Disabilities Certificate Program



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Departmental Application for Admission

Dear Applicant:

The College of Continuing Education and the College of Education believe in high academic and experiential standards to maintain exemplary programs. This graduate level certificate includes 15 units of academic courses and associated fieldwork, which will prepare the candidate to effectively serve learning disabled adults.

The admission procedures have been designed by the university to seek out participants who are committed to serving adults with learning disabilities. The initial screening is based on this application and its supporting documents.

Application Process

Participants have the option of enrolling in the entire 15-unit graduate level certificate program or taking individual courses to enhance their professional development. Participants who enroll in the entire certificate program will receive priority registration over those who choose to take individual courses. Both groups are required to complete the application process.

To ensure that the best qualified applicants are admitted, the following application materials must be submitted:

1. A completed program application and application fee
2. Verification of an earned bachelor's degree
3. Verification of an overall minimum 3.0 grade point average
4. One set of unofficial transcripts from all post-secondary institutions from which degrees/certificates have been granted and all institutions where relevant coursework has been pursued

All application materials should be submitted to:

ALD Program
College of Continuing Education
Sacramento State
3000 State University Drive
Sacramento, CA 95819

Or, fax materials to **(916) 278-3685**

Please make a copy of ALL documents BEFORE submitting this application and keep them for your records.

For more information about the Adult Learning Disabilities certificate program, please contact the program coordinator, **Liz Arellanes** at arellanl@cce.csus.edu or **(916) 278-6249** or visit our website at www.cce.csus.edu/ald.

Please keep a copy of these instructions for your personal records.

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Personal information included on this form will be kept confidential in order to protect against unauthorized disclosure. Failure to provide the requested information may result in admission and/or registration delays.

I am enrolling in: The complete certificate program Individual courses of interest

Participant Information

Name: (Last) (First) (Middle) (Other Names)

Home Address: (Street) (City) (State) (Zip)

Work Organization

Work Address: (Street) (City) (State) (Zip)

Home Phone Work Phone Cell Phone

Email

Date of Birth (mm/dd/yyyy): Gender: Female Male

Social Security # Decline to provide SSN*

*While providing your SSN is optional, having it on record will allow Sacramento State to provide you a 1098T tax form and financial aid where available.

Are you an international student: Yes No

If yes, what type of visa do you hold? _____

Highest Level of Education Completed

High School/G.E.D. Bachelor's Degree Master's Degree Other: _____

The College of Continuing Education at Sacramento State is committed to providing equal opportunity in education. A critical element of our commitment to diversity lies in our ability to collect and assess student demographic data. Your response to the voluntary student demographic information would be very helpful and much appreciated:

Please identify your gender:

Male Female Other Prefer Not to State

Please identify your age:

18-24 years old 25-34 years old 35-44 years old 45-54 years old 55+ years old

Please identify your ethnic origin and/or race:

White Black or African American Native American or American Indian Asian or Pacific Islander
 Hispanic or Latino Other Prefer Not to State

Please identify your highest degree or level of education:

High School Diploma or GED Some College Associate's Degree
 Bachelor's Degree Master's Degree Professional Degree Doctorate Degree

Academic Preparation

Please list all post-secondary institutions from which you have been granted degrees/certificates/credentials and from which you have taken relevant coursework.

Name of Institution	Location	Dates	No. of Units	Degree	Date Issued	GPA

Work and/or Educational Experience (teaching, counseling, etc.)

Dates (list most recent first)	Title (if any)	Institution/Agency	Brief Description of Duties	Hours per Month

Other Experience in Serving Adults with Learning Disabilities

If additional space needed, please attach supporting documents.

Dates (list most recent first)	Title (if any)	Institution/Agency	Brief Description of Duties	Hours per Month

Signature

Participation in, or successful completion of, the Adult Learning Disabilities Program: Certificate of Academic Achievement does not confer any national or state credential or licensure and is not a guarantee of employment. Completion of the coursework in this program does not qualify participants to make psychological diagnoses or to provide counseling. This program partially meets the requirements for a learning disabilities specialist position as defined by Title 5 of the California Code of Regulations.

I certify under penalty of perjury that I have provided complete and accurate responses to the items listed on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I have read and agree to comply with the statements listed above.

Printed Name

Signature

Date

Submit all application materials to:

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