THE UNIVERSITY OF MICHIGAN
SCHOOL OF SOCIAL WORK

Work with Infants, Toddlers and their Families

POST- MASTER'S CERTIFICATE PROGRAM

2002-2003 REGISTRATION FORM

Name: _____

Current employer and position: _____

Mailing Address: _____

_____

Telephone: (h)_____ (w)_____SSN# _____

College(s) attended: _____

Degree earned: _____

Please check the appropriate area:

- ☐ Social Work
- ☐ Special Education
- ☐ Early Childhood Education
- ☐ Nursing
- ☐ Psychology
- ☐ Other: _____

Please attach a resume indicating education and work experience.

Application Fee: $100.00 Checks and money orders should be in U.S. funds payable to the *U-M School of Social Work.*

MAIL REGISTRATION FORM ALONG WITH YOUR RESUME AND APPLICATION FEE BY **JUNE 30, 2002** TO:

UM School of Social Work
1080 S. University
Room 2815
Ann Arbor, MI 48109-1106