CER KENNETH P. DIETRIC Send Certificate University of	APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAM KENNETH P. DIETRICH SCHOOL OF ARTS AND SCIENCES Send all application materials to: Certificate Program (See Address Below) University of Pittsburgh, Pittsburgh, PA 15260 PLEASE PRINT OR TYPE ALL ENTRIES						KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Image: Composition, Literacy, PEDAGOGY, AND RHETORIC 526 Cathedral of Learning       Image: DIGITAL STUDIES AND METHODS 104 Frick Fine Arts       Image: Composition of Learning and the studies of Learning						TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES 1617 Cathedral of Learning			
□ CULTURAL STUDIES       □       FILM AND MEDIA STUDIES       □       MEDIEVAL AND RENAISSANCE STUDIES         401 Cathedral of Learning       ↓       ↓       ↓       ↓         401 Cathedral of Learning       ↓       ↓       ↓         454 Cathedral of Learning       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓       ↓       ↓         ↓       ↓       ↓<									
APPLICATION MATERIALS INCLUDE: 1. APPLICATION FEE 2. COMPLETED APPLICATION		PPLICANT FOR  Masters Level  Doctoral Level				BEGINNING IN YEAR □ FALL TERM □ SPRING TERM			
3. TRANSCRIPTS OF ACADEMIC WORK									
PRINT - LAST NAME, FIRST	FIRST NAME, MIDDLE NAME								
E-MAIL ADDRESS		TELEPHON	E NUMBER						
PERMANENT MAILING ADDRESS - STREET, CITY, STATE A	AND ZIP CO	DE						LID UNTIL D/DAY/YEAR	
PRESENT MAILING ADDRESS - STREET, CITY, STATE AND ZIP (AND COUNTRY)       VALID UNTIL MO/DAY/YEAR         PRESENT MAILING ADDRESS - STREET, CITY, STATE AND ZIP (AND COUNTRY)       VALID UNTIL MO/DAY/YEAR         DEMOGRAPHIC INFORMATION: The demographic information collected is designed to provide the institution with ethnic, sex and citizenship data on all applications. The data are used by the University to respond to requests from governmental agencies for aggregated summary information that must be provided by law. This information will not be used by the University in making admission decisions nor will the information on individual students be released outside the University without the written permission of the student.									
DATE OF BIRTH Month Day Year / / GENDER Male GENDER Male Female YES (more than one year) YES (less than one year)	D NO								
ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE YES NO U.S. ARMED SERVICES?								YES NO	
ARE YOU OF HISPANIC OR LATINO ETHNICITY? (meaning a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) YES NO	TH	PLEASE SELECT ONE OR MORE RACE(S)/ETHNICITY(         THAT YOU IDENTIFY WITH:         American Indian or Alaskan Native         Asia         Native Hawaiian or Other Pacific Islander				ian 🔲 Black or African American			
HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO A GRADUATE OR PROFESSIONAL PROGRAM AT THE UNIVERSITY OF PITTSBURGH?									
IF "YES," HAVE YOU BEEN REGISTERED IN ANY GRADUATE OR FIRST PROFESSIONAL PROGRAM AT THE UNIVERSITY OF PITTSBURGH?									
IF "YES," SPECIFY THE SCHOOL OR DEPARTMENT AND YEAR.									
LIST ALL YOUR ACADEMIC WORK BEYOND HIGH SCHOOL (SECONDARY SCHOOL) COLLEGE OR UNIVERSITY		LOCATIO ITY	ON STATE	MAJOR(S)	QPA	(AWARD) DEGREE	ED OR I	EXPECTED) DATE	
ALL APPLICANTS MUST SIGN AND DATE THIS FORM I certify that the information provided to the University of Pittsburgh on this Application Data form is true and accurate to the best of my knowledge. SIGNATURE OF APPLICANT DATE									

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