RHODE ISLAND COLLEGE CERTIFICATE PROGRAM/MINOR IN GERONTOLOGY
INTEREST FORM

1. Name (Please Print): ____________________________________________________________
   Last  First  M.I.

2. Student 7-digit #: ____________________________________________________________
   (or Social Security #)

3. Mailing Address: _____________________________________________________________
   __________________________________________________

4. Telephone to be reached at: ___________________________________________________
   E-mail address: _____________________________________________________________

5. Highest Degree or Diploma Earned:
   Masters ( )  Baccalaureate ( )  Associates ( )  High School ( )
   Other ( )  Please specify: __________________________________________________

6. Previous Education: Name of Institution: _______________________________________
   Highest Level Completed: _____________________________________________________
   Program: _________________________________________________________________

7. Current status: (Check one A or B, then complete other choices for B)
   A. Gerontology Program only ( )
   B. Full-time Undergraduate ( )  Part-time Undergraduate ( )
      1. Freshman ( )  3. Junior ( )
      2. Sophomore ( )  4. Senior ( )
   Educational institution: _____________________________________________________
   Major: ___________________________________________________________________
   Minor: ___________________________________________________________________

8. Employment: Full time ( )  Part-time ( )
   Please specify: Place of employment ___________________________________________
   Type of employment _________________________________________________________
   Hours per week _____________________________________________________________

9. Please indicate any work experience in the field of gerontology (including volunteer
   experience):

10. Please indicate educational training in the field of gerontology (including conferences, in-
     service training, courses at other institutions).

Return form to: Dr. Desirée Ciambrone, Gerontology Center, Rhode Island College,
Providence, RI 02908  telephone: 401/456-8726  e-mail: dciambrone@ric.edu