

**RHODE ISLAND COLLEGE CERTIFICATE PROGRAM/MINOR IN GERONTOLOGY
INTEREST FORM**

1. Name (Please Print): _____
Last First M.I.
2. EMPL #: _____
(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. 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. Rachel Filinson, Gerontology Center, Rhode Island College, Providence, RI 02908 telephone: 401/456-8732 fax: 456-8665 e-mail: rfilinson@ric.edu