

CERTIFICATE IN HOLISTIC AGING APPLICATION



Please type or print. Applicants who have previously attended college must have official college transcript(s) sent directly to the Center for Continuing Education.

Full Name _____
Last
First
MI

Previous Name(s) _____ E-mail Address _____

Address _____
Number and street
City
State
ZIP

Date of Birth ___/___/___ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Current job title/division _____

Have you previously applied to Le Moyne College? Yes No If yes, when? _____

High school attended _____

List below all the colleges you have attended (most recent first)

COLLEGES	NUMBER OF HOURS		DATES OF ATTENDANCE	
	Completed	In Progress	From	To

I certify that the information I have provided on this application is complete and truthful.

Please attached a one paragraph explanation of your interest in this certificate and what you hope to gain through the course work and completion of it.

Mail application to the Center for Continuing Education, Le Moyne College, 1419 Salt Springs Road, Syracuse NY 13214 or E-mail it to ceinfo@lemoyne.edu.

Applicant signature _____ Date _____