



Center for Online & Continuing Education

Champlain College is accredited by the New England Association of Schools and Colleges

Application for Admission to a Professional Certificate Program

163 South Willard Street
PO Box 670, Burlington, VT 05402-0670 USA
(802) 860-2727 / Toll-free (800) 570-5858
Fax: (802) 860-2767 / TDD: (802) 860-2744
e-mail: admission@champlain.edu

FOR OFFICE USE
V _____ HO _____ C _____
PI _____ Other _____
Interview: _____
Grade: _____
Accepted: _____

PLEASE PRINT OR TYPE

I plan to take my first course in the [] Fall [] Spring [] Summer semester of _____ year
I plan to take accelerated courses [] Yes [] No

INFORMATION ABOUT YOURSELF

1. Your Name: [] Mr. [] Mrs. [] Miss [] Ms.
first/given middle initial last/family
2. [] Male [] Female
3. Other names which may appear in your academic records
first name last name maiden name
4. Legal Address
street town/city state zip
5. Mailing Address (if different)
street town/city state zip
6. Home Phone () 7. Fax Number ()
8. Social Security # 9. Birthdate
10. E-Mail
11. Hometown newspaper:
local paper name town/city it's published from state
12. Have you ever been convicted of a crime punishable by imprisonment? [] Yes [] No If yes, you must enclose an explanation.
13. Are you a U.S. citizen? [] Yes [] No 13a. If no, country of citizenship
13b. Do you have a permanent U.S. visa? [] Yes [] No 13c. In what country were you born?
13d. What is your primary language?
14. How did you first learn about Champlain College?

EMPLOYMENT INFORMATION

A current resume or employment history is required for all applicants, and must be included with this application.

1. Employer 2. Job Title
3. Mailing Address
street city state zip
4. Phone ()

EDUCATIONAL BACKGROUND

1. High School Information - An official high school transcript is required for all applicants.

Most recent high school attended:
school name town state or country zip
[] GED earned From month/year to month/year Year of graduation

2. College Information - You must contact your college Registrar's office and sign a release to have your transcript sent to Champlain College.

Most recent college attended:
college name town state or country zip
Dates of Enrollment Course of Study
Previous college attended:
college name town state or country zip
Dates of Enrollment Course of Study

HOW DO YOU PLAN TO MEET YOUR COLLEGE EXPENSES?

- I expect the total to come from my or my family's resources.
 I will request financial aid.
 My employer will pay.
 I plan to apply for the Vermont Governor's IT Training Initiative grant program.
 I am active duty military personnel.
 I plan to receive tuition assistance through DANTES.
 I am a military veteran and plan to receive veteran's benefits.

For an itemization of costs, please refer to the current catalog or to www.champlain.edu.

Note: Be sure to contact the Veteran's Coordinator in the Financial Aid & Financial Planning Office.

CERTIFICATE PROGRAM REQUESTED

Please indicate the program you wish to apply for by circling the descriptor that best represents how you plan to complete the majority of courses - **DLP** (distance learning program), **EVE** (on-campus evenings) or **DAY** (on-campus days).

Accounting	DLP	EVE	DAY	International Business Development	DLP	EVE	DAY
Accounting, Advanced		EVE	DAY	Internet Network Administration		EVE	DAY
Accounting, Financial	DLP	EVE	DAY	Java Development	DLP	EVE	DAY
Accounting, Managerial	DLP	EVE	DAY	Management		EVE	DAY
Accounting, Tax		EVE	DAY	Managing Through Info Technology	DLP	EVE	DAY
Business	DLP	EVE	DAY	Multimedia & Graphic Design (choose one):		EVE	DAY
Computer & Digital Forensics	DLP	EVE	DAY	<input type="checkbox"/> Interactive & Web <input type="checkbox"/> Print Design <input type="checkbox"/> Video Graphic Design			
Computer Networking		EVE	DAY	Paralegal Studies		EVE	DAY
e-Business Management	DLP		DAY	Small Business & Entrepreneurship		EVE	DAY
Electronic Game & Interactive Development (choose one):			DAY	Software Development	DLP	EVE	DAY
<input type="checkbox"/> Art & Animation <input type="checkbox"/> Game Design & Technical Essentials <input type="checkbox"/> Game & Interactive Theory <input type="checkbox"/> Web Game Design & Production				Special Education Certificate (choose one):			DAY
Food & Beverage Management			DAY	<input type="checkbox"/> Special Educator grades K-8 <input type="checkbox"/> Special Educator grades K-8 and ages 3-6			
Foundations of Network Design	DLP	EVE	DAY	Tourism & Event Management			DAY
Global Logistics & Finance	DLP	EVE	DAY	Video Communications		EVE	DAY
Global Networks & Telecommunications	DLP	EVE	DAY	Web Production	DLP	EVE	DAY
Hotel Operations Management			DAY	Web Programming	DLP	EVE	DAY
Human Resource Management	DLP	EVE	DAY	Web Site Development & Management	DLP	EVE	DAY
Information Security	DLP	EVE	DAY	Wide Area Network Management		EVE	DAY

SIGNATURE AND STATEMENT OF UNDERSTANDING

- I, the undersigned, certify to the best of my ability and knowledge that the information given on this application is correct.
- I understand and agree that material submitted in support of this application will be held confidential by the Admissions Office, to be released only with the approval of the Director of Admissions and then only when necessary for bona-fide educational purposes.
- I hereby give permission to Champlain College to use, in booklets, press releases and other promotions, the applicant's name and any College photograph or video footage in which this applicant may appear.
- I understand that the College charges and bills for the entire semester. The signature of the student on this application is required and represents, upon registration, a firm commitment to pay in full the total charges for the entire semester, except with the written approval of the Vice President for Financial Affairs. This commitment becomes legally binding once I register for and begin each semester.
- I understand that, as with any other institution of higher education, credits earned at Champlain College are transferable only at the discretion of the receiving institution.
- **I understand that a non-refundable application fee of \$40 (U.S. funds) is required with this application unless I have attended or applied to Champlain College previously as a degree student.**

An official high school transcript, college transcript, and current resume or employment history are required for all certificate candidates. Please have them sent directly to the Admissions Office at Champlain College.

Signed: _____ (applicant) **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE.** (date)

Please send application with \$40 application fee to: Director of Admissions, Champlain College
163 South Willard Street, PO Box 670, Burlington, VT 05402-0670, USA

Indicate method of payment: (If you are paying by credit card you may fax this application to (802) 860-2767.

- I enclose a check payable to **Champlain College**.
 Please bill to the following credit card:
 Visa
 MasterCard
 AMEX

Card # _____ Exp. Date _____

Card Holder's Name _____ Authorized Signature _____

Champlain College does not discriminate on the basis of race, color, national origin, gender, religion, age, veteran status, sexual orientation, or disability in employment or the provisions of services. Please contact Dolly Shaw at (802) 860-2720 if auxiliary aids or services are needed.

Champlain College will consider all students as "dependent status" unless specifically informed otherwise by the student before the first day of classes. Independent status will be established under Internal Revenue Code of 1954, Section 1529