



Disability Studies Certificate Admission Application

Submit the completed request to:
Carol Britton Laws, PhD, MSW; Disability Studies Coordinator
[E-mail: cblaws@uga.edu](mailto:cblaws@uga.edu)

Please note: Acceptance into the Disability Studies Certificate program is contingent upon the signed approval of the Disability Studies Coordinator and your Academic Advisor. **Once this application is submitted, please add the Certificate to your transcript via Athena for approval.** For more information on the Certificate, please visit our [website](#).

Educational Level: Undergraduate (minimum 15 credit hours)
Graduate (minimum 18 credit hours)

Date:

Name (First):

Name (Middle):

Name (Last):

Student 810 Number:

Current Mailing Address
(Address, City, State, Zip Code):

Home / Permanent Mailing Address
(If different than above):

County and State of Origin (if you
moved to Athens-Clarke County to
attend UGA):

Preferred E-mail (non-UGA mail):

UGA E-mail:

Preferred Phone:

Degree Program:
(BA, BS, MA, MS, PhD, etc.)

Major/Minor:

UGA College/School/Institute:

Current Class Standing:

Semester & Year of Graduation:

Anticipated Program of Study: Please indicate the semester and year in which you expect to enroll in courses which will culminate in completion of the Disability Studies Certificate. Please schedule a time to meet with the Disability Studies Coordinator, Carol Britton Laws, for advice on planning your program.

Please refer to the IHDD website for a current listing of [course offerings](#).

**IHDD Course 1:
IHDD 2001/6001 (required pre-req)**

Semester and Year:

**IHDD Course 2:
IHDD 4050/6050 (required)**

Semester and Year:

**IHDD Course 3:
IHDD Elective**

Semester and Year:

**IHDD Course 4:
IHDD Elective**

Semester and Year:

**IHDD Course 5:
IHDD Elective**

Semester and Year:

**IHDD Course 6:
IHDD Elective**

Semester and Year:

Elective Course (up to 3 hours of course credit can be applied for approved courses outside IHDD):

Semester and Year:

TOTAL CREDIT HOURS:

Additional Information for IHDD Trainees: When you are accepted into the Disability Studies Certificate program, you are considered a Trainee at the Institute on Human Development and Disability/ UCEDD. This designation means that you are part of a national network of trainees at similar institutes. [Click here to find out more about this network.](#) It also requires IHDD to collect additional information about you and to follow up with you every one, five, and ten years to assess your career development.

Gender: Male
Female

Date of Birth:

Race:

Ethnicity:

Affiliation with Disabilities: Are you a (check all that apply):

- Person with a disability
- Person with a special health care need
- Parent of a person with a disability
- Parent of a person with a special health care need
- Family member of a person with a disability
- Family member of a person with a special health care need
- Unable to identify with these categories

Do you speak a language other than English at home?

- No
- Yes, Spanish
- Yes, another language, please specify:

If yes, how well do you speak English?

- Very well
- Well
- Not well
- Not at all

I understand that the Disability Studies Certificate will only be granted to me upon successful completion of the required courses and credit hours described by IHDD.

Student's Signature:

Date:

I recommend the student for admission as a prospective recipient of the Disability Studies Certificate.

Academic Advisor/Major Professor's
Typed Name:

Department:

E-mail:

Signature:

Date:

Please e-mail your completed Application form to [Carol Britton Laws](#), Disability Studies Coordinator. Thank you!

I do hereby certify that I have reviewed the completed approved program of study for the student above and he/she is accepted into the Disability Studies Certificate program at IHDD.

Disability Studies Coordinator
Signature:

Date: