

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

Please note: Award of the Disability Studies Certificate is contingent upon earning satisfactory grades for the required credit hours. Upon verification of course completion, a confirmation letter will be sent to the registrar's office. The completion of the certificate will be indicated on your transcript and a Certificate issued to you by the Institute on Human Development and Disability.

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

Date:

Name (First):

Name (Middle):

Name (Last):

Student 810 Number:

Mailing Address:

Preferred E-mail (non-UGA mail):

UGA E-mail:

Preferred Phone:

**Please note: As a graduate of IHDD's Disability Studies Certificate, you will be contacted by IHDD for follow up periodically. Please include contact information which will be current after you graduate if possible.**

Major/Minor:

UGA College/School/Institute:

Semester & Year of Graduation:

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Please indicate the courses taken, semester completed, grade achieved, and total Disability Studies credit hours completed:

**IHDD Course 1:**

Semester and Year:

Grade Achieved:

**IHDD Course 2:**

Semester and Year:

Grade Achieved:

**IHDD Course 3:**

Semester and Year:

Grade Achieved:

**IHDD Course 4:**

Semester and Year:

Grade Achieved:

**IHDD Course 5:**

Semester and Year:

Grade Achieved:

**IHDD Course 6:**

Semester and Year:

Grade Achieved:

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

Semester and Year:

Grade Achieved:

**TOTAL CREDIT HOURS:**

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If you completed a Directed Study Project (IHDD 3010/7010), please describe your project(s) here:

Please indicate your level of agreement with the following statements about the Disability Studies Certificate Program:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was very satisfied with the Certificate program.					
I learned a lot in this program.					
I expect to apply what I have learned through this program in my future studies/work.					

Other Comments:

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By submitting this request, I hereby certify that I have completed all requirements to receive my Disability Studies Certificate from the Institute on Human Development and Disability at the University of Georgia.

Student's Signature:

Date:

Please e-mail your completed Declaration of Completion form to Dr. Carol Britton Laws at [cblaws@uga.edu](mailto:cblaws@uga.edu)  
Thank you!

I do hereby certify that I have reviewed the completed approved program of study for the student above and he/she has met the requirements to receive the IHDD Disability Studies Certificate.

Disability Studies Coordinator  
Signature:

Date: