

FLORIDA ATLANTIC UNIVERSITY
Department of Urban and Regional Planning

Application for

**SUSTAINABLE COMMUNITY PLANNING
CERTIFICATE PROGRAM**

Name: _____ **Soc. Sec. #:** _____

Address: _____

Phone: _____

Undergraduate Degree: _____ **GPA:** _____ **Year:** _____

Institution: _____

Pertinent undergraduate courses:

Present Position: _____

Employer: _____

Address: _____

Phone: _____ **Employment Dates From:** _____ **To:** _____

Anticipated Semester of Entry: FALL __ SPRING __ SUMMER __ 20 __

Studentt Signature: _____

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FOR SCHOOL USE ONLY: **Accepted:** _____ **Denied:** _____

Signature: _____ **Date:** _____