



Graduate Studies
 100 Ochre Point Avenue
 Newport, RI 02840-4192
 401-341-2338 * FAX: 401-341-2973

CAGS AND CGS INTERNAL APPLICATION

Name: _____
Last First Middle

Address: _____
Number & Street

_____ City State Zip

Email: _____

Telephone: _____
Home Work Cell

EMPLOYMENT INFORMATION

Current Employment _____

Street Address _____ City _____ State _____ Zip Code _____

ENROLLMENT INTERESTS

Please indicate the semester and year in which you wish to begin your study.

FALL 20____ SPRING 20____ SUMMER 20____

Please indicate certificate program:

- ___ CAGS Expressive Arts
- ___ CGS Expressive Arts
- ___ CAGS Mental Health: Concentration in Holistic Counseling
- ___ CGS Holistic Leadership
- ___ CAGS Holistic Leadership
- ___ CAGS Mental Health: Concentration in Rehabilitation Counseling
- ___ CGS in Holistic Studies
- ___ CAGS Substance Abuse and Treatment
- ___ CGS Substance Abuse Foundations: Focus in Holistic Studies
- ___ CGS Substance Abuse Foundations: Focus in Rehabilitation Counseling

_____ **Student Signature** **Date**

Approved by: _____ **Date**