



Interdepartmental Developmental Disabilities Certificate Program

APPLICATION

***You must have completed at least TWO classes before submitting your application!**

Name: _____

Permanent Address: _____

Local Phone/Cell Number: _____

FSU Email Address: _____

Major: _____

Anticipated date of Graduation: _____

Please List Courses for the Certificate Completed to Date:

Certificate Class	Semester Taken	Grade

Site to be Identified at Time of Placement:

Practicum Site	Supervisor	Hours Completed (minimum 45)

Student Signature: _____ Date: _____

Mail completed form to:

Dr. Juliann Woods
201 W. Bloxham, Warren Bldg.
Florida State University
Tallahassee, FL 32306-1200
ddcertificate@gmail.com