

University of NORTHERN COLORADO



Distance Opportunities for Interpreter Training Center

1059 Alton Way – Box 7 – Denver, CO 80230 • 866.885.6087 • Fax 303.365.7677

Application for UNC-DO IT Center Certificate Programs

PLEASE PRINT OR TYPE.

RETURN ALL APPLICATION REQUIREMENTS, IN ONE PACKET, TO:

UNC-DO IT CENTER

ATTENTION: SUSAN BROWN

UNC @ Lowry Campus • 1059 Alton Way-Box 7 • Denver, CO 80230

PART 1: PROGRAM YOU ARE APPLYING TO:

Leadership & Supervision Certificate Program (LSCP) – TO BEGIN: ___ SPRING '10 ___ SUMMER '10 ___ FALL '10
___ undergraduate credit
___ graduate credit

Legal Interpreting Training Program (LITP) - TO BEGIN: ___ SPRING '10 ___ SUMMER '10 ___ FALL '10
___ undergraduate credit
___ graduate credit

NOTE: A one month, online orientation class is required of all new students. A fee of \$100 will be billed to your UNC URSA account if you are accepted into the program you are applying for.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS: USE THE ADDRESS THAT ALL CORRESPONDENCE WILL BE SENT TO

City _____ State _____ Zip _____

EMAIL ADDRESS: USE THE ADDRESS THAT ALL CORRESPONDENCE WILL BE SENT TO

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

DATE OF BIRTH _____ GENDER Male Female

ETHNICITY

- American Indian/Alaska Native Native Hawaiian or other Pacific Islander
 Asian White/Non-Hispanic
 Black/African American
 Hispanic or Latino

- CONTINUE

PART 2:

SUPPLEMENTAL APPLICATION INFORMATION:

- A current resume including, education, work experience, volunteer work, etc.
- A typewritten essay addressing each of the following questions:
(Each question must be answered with a 350 – 500 word count)
 1. Why are you applying to this program?
 2. What are your professional goals?
 3. How are your goals envisioned to benefit others
(i.e., individuals who are deaf and hard of hearing, the interpreting field, etc.)?
- Two letters of recommendation addressed to: Dr. Leilani Johnson, Director.
Recommendations should highlight your academic and/or work experiences, your potential as a distance learner and your future potential to contribute to the profession of ASL-English interpretation.
- Copies of all state and/or national credentials or certifications (RID certificates are preferred to a copy of RID membership card).
- Completed Office of Extended Form (below)



Office of Extended Studies Form

You are registering for UNC credit for the following program:

- Leadership & Supervision Certificate Program (LSCP)
 _____ undergraduate credit _____ graduate credit
- Legal Interpreting Training Program (LITP)
 _____ undergraduate credit _____ graduate credit

Social Security Number* _____/_____/_____ or UNC Bear Number _____ Birth Date _____/_____/_____
Month Day Year

Full Legal

Name _____
Last First Middle

Suffix (example Jr., Sr., III) _____

Attended UNC before? yes no If yes, former or maiden name under which previously registered? _____

Street _____

City _____ **State** _____ **County (if Colo.)** _____ **Zip** _____

Home Phone _____ **Day-time Phone** _____ **E-Mail Address** _____

Citizenship: U.S. Non-U.S. If not a U.S. Citizen, what type of visa do you have? _____

Visa Number _____ Date of Issue _____

Sex: Male Female **Marital Status:** Married Single **Earned a Bachelor's degree?** yes no

You MUST answer the following question or your application for registration may be delayed: Have you ever been convicted of a felony, made a plea of guilty, accepted deferred judgment, been adjudicated, or been required to register as a sex offender? (misdemeanor traffic violations are exempt.) YES _____ NO _____ If yes, you must email explanation (to: esinfo@unco.edu -- put your name in the subject line box) or mail to: OES, CB 21, UNC, Greeley, CO, 80639.

For University records, we need to classify you as a resident or non-resident of Colorado. Resident _____ Non-Resident _____

Please complete the following information if you are claiming Colorado residency:

Do you maintain a home in another state?	No ___ Yes ___	Dates of continuous physical presence in Colo.	_____ to _____
Date Colo. Driver's License first issued.	_____	Last 3 years of Colo. Motor vehicle registration	_____, _____, _____
Date current Colo. Driver's License issued.	_____	Dates of employment in Colo.	_____ to _____
Date of Colo. voter registration.	_____	Dates of military service, if applicable	_____ to _____
Date of purchase or lease of Colo. Res. Property	_____	Last 3 years of Colo. Income tax was filed	_____, _____, _____
		Dates of extended (1 or more months) absence from Colo	_____ to _____

If under age 21: Dates of marriage. _____

If under age 21: If parents are separated or divorced, which one lives in Colo. Mother _____ Father _____

The following information is voluntary. It is used for statistical purposes only.

1	Hispanic or Latino ethnicity (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture)
2	Black or African American
3	American Indian or Alaska Native
4	Asian
5	Native Hawaiian
6	White
7	DO NOT WISH TO PROVIDE
8	Unknown

*Use of Social Security Numbers: Providing a Social Security Number (SSN) is voluntary and is not required for enrollment at UNC. However, the University is required by federal law to report to the Internal Revenue Service (IRS) the name, address and SSN of individuals from whom tuition and expenses are received and/or to whom compensation is paid. The SSN is required from individuals applying for and receiving financial aid, including scholarships and third party payments, and student employment; utilizing banking services; health services or the student health insurance program. The University will not disclose a SSN for any purpose not required by law without the consent of the student.

Office use only:	Up on Banner _____	If applicable, up in Manager _____ date _____
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