

LMU **LA** Extension

Application for Certificate

IMPORTANT! Please read: Please print your name in **UPPER and Lower Case** exactly as you wish it to appear on the certificate, including spaces, punctuation, diacritical marks, and suffix (Sr., Jr., religious order initials, etc.):

First: _____

Middle: _____

Last: _____

Student ID No. -

Mailing Address: _____

Home Phone: _____ **Email Address:** _____

Certificate Sought:

<input type="checkbox"/> Addiction Counseling	<input type="checkbox"/> Pastoral Care
<input type="checkbox"/> Adv. Certificate in Human Resources Management	<input type="checkbox"/> Pastoral Care in Spanish
<input type="checkbox"/> African American Ministry	<input type="checkbox"/> Pastoral Liturgy
<input type="checkbox"/> Bible Study Leadership	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Christian Initiation (RCIA)	<input type="checkbox"/> Prime of Life Yoga
<input type="checkbox"/> Cultural Orientation for International Ministers	<input type="checkbox"/> Spiritual Direction
<input type="checkbox"/> Executive Financial Planner	<input type="checkbox"/> Yoga Philosophy
<input type="checkbox"/> LAX - Coastal Chamber of Comm. Leadership Training	<input type="checkbox"/> Yoga Sequence Vinyasa Krama
<input type="checkbox"/> Leadership for English Learner Achievement	<input type="checkbox"/> Yoga Therapy Rx ~ Level I
<input type="checkbox"/> Ministry Studies in Spanish	<input type="checkbox"/> Yoga Therapy Rx- Level II (Advanced)
<input type="checkbox"/> Non-Profit Funding & Development	<input type="checkbox"/> Yoga Therapy Rx ~ Level III Clinic
<input type="checkbox"/> Parish Business Administration	<input type="checkbox"/>
<input type="checkbox"/> Pastoral Administration (in Spanish)	<input type="checkbox"/>

Student Signature: _____ **Date:** _____

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