COLLEGE OF HEALTH PROFESSIONS
DIVISION OF HEALTH SCIENCES

HEALTH SERVICES ADMINISTRATION CERTIFICATE
PROGRAM APPLICATION

1. Please complete each item of the application.
2. Request official transcripts documenting that a bachelor or graduate degree has been earned from an accredited college or university and have them sent to the Division of Health Sciences.
3. Submit a Post-Baccalaureate Non-Degree Application to the Office of Graduate Admissions (http://www.fgcu.edu/Graduate/nondegree.html)

NAME: _____ SS#: _____
Last First Middle Initial

HOME ADDRESS: _____
Street

_____ _____ _____
City State Zip

BUSINESS ADDRESS: _____
Street

_____ _____ _____
City State Zip

TELEPHONE NUMBER: _____ _____
Home Work

E-MAIL ADDRESS: _____

Please list all degrees and certificates:

Name of Institution	Location	Degree or Certificate	Date Earned	Major

I certify that all information provided on this application is true and correct to the best of my knowledge

_____ _____
Signature Date

Return to:
Division of Health Sciences
College of Health Professions
Florida Gulf Coast University
10501 FGCU Boulevard South
Fort Myers FL 33965-6565