

Please provide ALL information. Incomplete application forms will not be reviewed. Print clearly or type. QUESTIONS? Call Fran at 732-932-9271

Application for Admission

Name _____
(First) (Middle) (Last)

Social Security Number _____ First Name for Name Tag _____

Home/Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Home Phone _____

E-mail address _____ Cell Phone _____

PERSON TO CONTACT IN AN EMERGENCY

Name _____ Phone Number _____ Relationship _____

Please indicate the session for which you are applying: (select only one)

- Fall 2008 (Course Code AT0201CA09) Winter 2009 (Course Code AT0201CB09)
- Yes! I would like to be considered for early admissions on my application.

How did you hear about The Rutgers Professional Golf Turf Management School Two-Year Certificate Program?

- Mail Code: _____ Search Engine: _____
- Website (Please specify.) _____
- Referred by a Rutgers alumnus (Please specify.) _____
- Referred by my supervisor (Please specify.) _____
- Referred by a colleague (Please specify.) _____

Have you previously applied to this program? No Yes If yes, when? Fall Winter Year _____

Have you attended our Rutgers Professional Golf Turf Management School: 3-Week Preparatory Short Course?
 No Yes Year _____ Final Grade _____

EDUCATION

High School Graduate? No Yes Year _____ Final Grade Point Average (GPA) _____
Class Rank _____ Out of _____ If no, GED? No Yes Year _____

COLLEGE OR TECHNICAL SCHOOL ATTENDED

Graduated No Yes If yes, Major? _____
Degree Earned? No Yes If yes, Degree? Associate's Bachelor's Master's
Final GPA _____ Number of Credits Earned _____ Certificate Earned No Yes

WORK EXPERIENCE

Your Current Employer _____
Employment Dates - Full time _____ Part time (seasonal) _____
Position held _____ Supervisor _____

Previous Employer _____
Employment Dates - Full time _____ Part time (seasonal) _____
Position held _____ Supervisor _____

Previous Employer _____
Employment Dates - Full time _____ Part time (seasonal) _____
Position held _____ Supervisor _____

Payment may be made by money order or certified check payable to: Rutgers - The State University of New Jersey

Or via credit card - Please select one: Master Card Visa American Express
Card # _____ Expiration Date _____
Name of Cardholder _____ Billing Zip Code of credit card _____

SUBMISSION

Remember to include at least 2 letters of recommendation from your past or current supervisors.

Mail complete application to: Rutgers OCPPE, 102 Ryders Lane, New Brunswick, NJ 08901-8519

Fax to: 732-932-1187 Attn: Fran Koppell

Email: koppell@rci.rutgers.edu