



Undergraduate Certificate Program Application

Instructions:

- Complete the application form and return it to the address below or email to kbulla@bloomu.edu.
Bloomsburg University Admissions
400 East Second St
104 Student Services Center
Bloomsburg, PA 17815
- Request your high school transcript or college transcript be sent to the Admissions Office.

Certificate Programs:

- Digital Forensics.....DIGFR-CERT
- Digital Rhet & Prof Writing.....DRPW-CERT
- Medical Genomics & Counseling.....MEDGC-CERT
- Playwork.....PLAYW-CERT
- Pre-Medical Sci Certificate.....PREMD-CERT
- Rehabilitative Justice.....RJUST-CERT



Undergraduate Certificate Program Application

Please indicate which certificate you'd like to apply for _____

Last Name (please print information) _____ First Name _____ MI _____

Date of Birth ____/____/____ Social Security Number ____-____-____ Sex M____ F____

Current Mailing Address _____ Phone # (____) _____

City _____ State _____ Zip _____ County _____

PA Resident? Y____ N____ US Citizen? (if NO, list country of citizenship) Y____ N____

Email _____ Maiden Name _____

Bloomsburg University is required by the U.S. Department of Education, Office of Civil Rights, to collect and report information pertaining to ethnic backgrounds of applicants for admission. This information will not affect the admissions decision about your application. Check the box that applies to you:

What is your ethnicity? _____ Hispanic or Latino _____ Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be: _____ White _____ Black/African American
_____ Asian _____ American Indian or Alaska Native _____ Native Hawaiian or other Pacific Islander

I plan to begin my studies: _____ Fall _____ Winter _____ Spring _____ Summer

Did you ever attend BU as a degree student? Y____ N____ (If yes, when?) _____
Graduate student? Y____ N____ (If yes, when?) _____

Did you ever attend BU as a non-degree student? Y____ N____

Do you have a high school diploma or its equivalent? Y____ N____ If no, expected date to graduate: _____
High School Name _____

Please list any other colleges or universities you have attended and your status at the institution?
(Status: Graduated, Good Standing, Probation, Dismissed)

Institution: _____ Status: _____

Institution: _____ Status: _____

Have you been disciplined for improper social conduct at any institution of higher education? Y____ N____

Person to be Notified in Emergency _____

Legal Street Address _____ Home Telephone (____) _____

City _____ State _____ Zip _____

I certify that all the information contained on this application is true and accurate.

Signed _____ Date _____

CONSENT FOR THE COLLECTION AND PROCESSING OF SENSITIVE OR PERSONAL DATA FROM THE EUROPEAN UNION FOR ADMISSION AND ENROLLMENT PURPOSES

- 1) Pursuant to the European Union General Data Protection Regulation (EU GDPR), the Pennsylvania State System of Higher Education and its member universities, including Bloomsburg University of Pennsylvania (“University”), in its capacity as a data controller under the EU GDPR, must obtain explicit, affirmative consent before it can collect or process any sensitive or personal data for a lawful basis including for admission and enrollment purposes.
- 2) Sensitive data includes data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic or biometric data; health data; or data concerning a person’s sex life or sexual orientation.
- 3) Any sensitive or personal data that is collected will be for the sole purpose of application for admission to the University that is sent from the EU and is necessary for that purpose or for any purpose permitting the use of sensitive or personal data under applicable law or to meet other compliance obligations of the University.
- 4) I understand that any sensitive or personal data that is collected will also be used to report serious illness, injury, or other health or emergency situations involving me, as well as to address or report discrimination, harassment, sexual or gender-based misconduct and criminal behavior which may be committed by or against me or otherwise involve me, on or off campus, to appropriate authorities including staff, faculty, and administrators of the University or appropriate legal or governmental authorities under applicable policies of the Pennsylvania State System of Higher Education or the University (including but not limited to applicable codes of conduct) and applicable laws (including but not limited to Title IX and the Clery Act).
- 5) I understand that refusal to consent to the use of sensitive or personal data, and the transfer of sensitive or personal data overseas, for the purpose outlined in this notice may make it impossible for the University to carry out necessary activities, and may preclude the University’s ability to provide requested services.
- 6) I understand I have the right to withdraw consent to the collection and processing of sensitive or personal data and to do so, I must contact kbulla@bloomu.edu. I also understand that the complete deletion of data will not be feasible in all situations to ensure the University’s ability to comply with regulatory requirements.

Yes, I consent to the statement above.

Signature: _____

Date: _____

All Applicants: Affidavit Have you ever been convicted of a felony offense? _____ Yes _____ No

If yes, please explain*:

*A conviction is an adjudication of guilt and includes pleas of nolo contendere (no contest). Please disregard minor traffic violations, offenses committed before your 18th birthday, which were adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program.

*A “yes” answer will be reported to the Pennsylvania Higher Education Assistance Agency (PHEAA) if the applicant receives PHEAA aid. A “yes” answer will not necessarily bar admission to the University, but it may limit the ability to enroll in or complete certain academic majors/programs, and may affect approval to live in university-owned or university-affiliated housing.

I certify the above statements are correct and that I have answered all applicable questions. I understand that any falsification of the above information may invalidate my application. Further, my signature indicates my approval for the Admissions Office to discuss information about my application with the guidance personnel at my secondary school or college (if applicable)

Signature: _____ Date: _____