

Application for the Certificate Program

Health Behavior Coach

Date: _____

STUDENT (First, Middle Initial, Last)

Student I.D. #

Mailing Address

City

State

Zip

Country

Phone

Email

Expected Date of Graduation: _____
Semester/Year

Class: FR SOPH JR SR

Current GPA _____

Major: _____

Minor(s)/Options/Emphasis _____

Please provide the name, job title and e-mail address of a person on campus (professor, teaching assistant, advisor, employer) that could serve as a reference for you.

Name _____ Job Title/Position _____

E-mail Address _____

➤ **Attach a typewritten response to the following question.** (your response should not exceed two pages).

What do you believe is the role of a health behavior coach? Describe the reasons you believe you would make a good health coach. Include a description of your personal qualities and life experiences that led you to apply for the certificate program.

➤ **Include an unofficial copy of your transcripts with this application.**

Applications are due by October 31st for Fall Semester and by April 1st for Spring Semester. Return this form, your essay and a copy of your transcripts to the HHP Office, 101 McGill Hall or to the Student Wellness Office in Curry Health Center.