

**Office of Human Resources
Workplace Learning**

**Certificate Program
Statement of Intent**

Name: _____

Email: _____

Work Phone Number: _____

Position/Department: _____

How long: _____

Supervisor's name: _____

Degree(s) earned: __ B.A./B.S. __ M.A./M.S./M.Ed./M.Div./MBA __ Other

Date(s) earned: _____

Currently enrolled in a master's program at APU?

Yes _____ No _____ If yes, which one? _____

Anticipated date of graduation: _____

On a separate page, please answer the following questions:

How did you learn about the certificate program?

What do you hope to gain from participating in your chosen certificate program? Why do you wish to invest your time in obtaining the certificate?

Please attach to this application the above answers and your résumé or a statement of experience that clearly explains your leadership experiences. Submit all documents to the Office of Human Resources.

Office of Human Resources
Workplace Learning
PO Box 7000
Azusa, CA 91702-7000
learning@apu.edu