



Department of Public Administration

www.brockport.edu

CERTIFICATE IN NONPROFIT MANAGEMENT

PLAN OF STUDY

WWW.BROCKPORT.EDU/PUBADMIN/CERTIFICATES.HTML

- The Plan of Study must be completed with your faculty advisor. Print responses on both sides legibly and sign the back of the form.
- ***Your Plan of Study is tentative and subject to change depending on course availability.***
- Completion of this Plan of Study does not guarantee a seat in the course.

Check your status below:

- I am currently a **matriculated** MPA student.
- I am currently a matriculated student **in another master's program** at Brockport.
- I am **not** currently matriculated in a Brockport master's program.

Please print information below:

<i>First name</i>	<i>Middle Initial</i>	<i>Last name</i>	<i>Maiden</i>
<i>Social Security Number or Banner ID</i>			<i>E-mail address</i>
<i>Permanent Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Home telephone</i>		<i>Work telephone</i>	

Course Requirements for Certificate in Nonprofit Management

In order to obtain the advanced certificate, students must successfully complete (with a grade of "B" or better) **four** graduate courses, **three of** which must be from this list below. The fourth course for the certificate may be from the courses below, or could be another MPA course, or a course from another Brockport graduate program, with approval of the faculty advisor.

<i>Course</i>	<i>Semester</i>	<i>Grade</i>	<i>Credits</i>
PAD 629 Fundraising and Development			3
PAD 640 Financial Management			3
PAD 678 Nonprofit Management			3
PAD 679 Grants Writing and Management			3
Other:			
<i>Total credits</i>			<i>12</i>

(over)

Please answer the following brief questionnaire. Your responses are confidential.

1. Your current position/job title: _____
2. Your current employer: _____
3. Employer's address: _____
4. How many people do you supervise in your current position?
5. In what field are you currently employed?

<input type="checkbox"/> Public Safety/Security	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Health Administration	<input type="checkbox"/> Government _____
<input type="checkbox"/> Nursing	<input type="checkbox"/> Education
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Business
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mental Health, Developmentally Disabled	
5. Your date of birth: _____
6. Gender: Male Female
7. Will you be enrolling: Full-time Part-time
8. Your ethnic origin: Your response to the following question is voluntary, but federal civil rights legislation and implementing regulations require the university to submit counts of its student body by racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the reporting of this information.

<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> American Indian/Native Alaskan
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> African-American, non-Hispanic	<input type="checkbox"/> Other (not listed)
9. How did you hear about the Certificate Program at SUNY Brockport?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Poster
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Mailing
<input type="checkbox"/> Graduate Catalog	<input type="checkbox"/> Other: _____
10. Why did you choose SUNY Brockport's? Check all that apply.

<input type="checkbox"/> Quality and reputation of the program
<input type="checkbox"/> Affordability
<input type="checkbox"/> Convenient location
<input type="checkbox"/> Curriculum matched my interests/goals
<input type="checkbox"/> Career advancement
11. Did you consider other programs before making your decision to attend graduate school at Brockport?

<input type="checkbox"/> No, Brockport was my first choice.
<input type="checkbox"/> Yes. If yes, what other colleges/programs did you consider? _____
12. Have you consulted our Web page? Yes No

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Student's Signature

Advisor's Signature

Date