

DEPARTMENT OF CHILD, YOUTH AND FAMILY STUDIES
Graduate Studies Intent Form

Complete the information below.

Name _____

Student ID _____

Mailing Address _____
Street

Telephone (Home) _____

(Work) _____

City State Zip

(E-mail) _____

I intend to complete a Master of Science Degree in Child, Youth and Family Studies in the following track:

- | | |
|---|--|
| <input type="checkbox"/> Child Development/Early Childhood Education | <input type="checkbox"/> Marriage and Family Therapy Specialization |
| <input type="checkbox"/> Family and Consumer Sciences Education | <input type="checkbox"/> Medical Family Therapy Certificate |
| <input type="checkbox"/> Family and Consumer Sciences Education
(Distance Education) | <input type="checkbox"/> Youth Development Specialization
(Distance Education) |
| <input type="checkbox"/> Human and Family Services Administration | <input type="checkbox"/> Youth Development Specialist Certificate
(Distance Education) |
| <input type="checkbox"/> Family Financial Planning Specialization
(Distance Education) | <input type="checkbox"/> Youth Program Management and Evaluation
Certificate (Distance Education) |
| <input type="checkbox"/> Family Financial Planning Certificate
(Distance Education) | |

I will: (check appropriate line)

- Be a full time graduate student (9 credits during semester)
 Be a part time graduate student

Academic year for which you request admission: _____

Type of current employment: _____

What was your major field of study for your Bachelor's Degree? _____

Institution granting Bachelor's Degree: _____ Year: _____

List the persons you have asked to write recommendations for this application.

Name: (1) _____ (2) _____ (3) _____

Address: _____

Phone: _____

Return to 135 Mabel Lee Hall, UNL, Lincoln, NE 68588-0236