



UNIVERSITY OF
GEORGIA
School of Social Work

GRADUATE CERTIFICATE IN SUBSTANCE USE COUNSELING APPLICATION FOR ADMISSION

NAME: _____
First Middle I. Last

UGA EMAIL: _____ 8xx: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CURRENT GRADUATE DEGREE PROGRAM: _____

CURRENT GPA: _____ SEMESTER YOU PLAN TO ENTER THE PROGRAM _____

PLEASE ANSWER THE FOLLOWING

What are your career interests in the care and treatment for persons with substance use problems? How will the certificate contribute to achieving your professional goals?

List any previous personal and/or professional experience you have had in substance use counseling

Reflect on your passion for working in substance use counseling and what impact you hope to make. You may attach a separate statement if you wish.

Please email this form to sucertificate@uga.edu. You may also mail or bring it to the program office at the following address:

**Certificate in Substance Use Counseling Office
UGA School of Social Work
279 Williams Street
Athens, GA 30602**

Questions? Contact sucertificate@uga.edu or call 706-542-5441.