UCLA Extension

Business, Management, and Legal Programs

Program Eligibility Application

Certificate in Personal Financial Planning:
Web-Delivered Program

This application signifies your intention of pursuing the prescribed course of study toward the five-course CERTIFICATE IN PERSONAL FINANCIAL PLANNING: WEB-DELIVERED PROGRAM. ***Notification of your eligibility will be sent to your email address.***

By providing the following information, you certify that you have successfully met the prerequisites for this program: a four-year degree from an accredited college or university; ***and*** a minimum of *three* years of work experience in the financial services industry ***or*** *three* years in a supervisory executive position in a non-financial services company or government. The experience must be completed or expected to be completed by the end of the certificate program.

I. STUDENT INFORMATION

NAME (FIRST / MIDDLE / LAST)

MAILING ADDRESS

CITY / STATE ZIP

( )
AREA CODE / DAYTIME TELEPHONE

EMAIL ADDRESS

PROFESSIONAL LICENSES / DESIGNATIONS (e.g., CPA, CLU, or Series 7)

II. COLLEGE EDUCATION

a) NAME OF INSTITUTION

DATES ATTENDED DEGREE AWARDED

MAJOR FIELD

b) NAME OF INSTITUTION

DATES ATTENDED DEGREE AWARDED

MAJOR FIELD

III. WORK EXPERIENCE

(Use reverse if more space is needed.)

a) NAME OF EMPLOYER

TITLE OF POSITION

☐ PART-TIME ☐ FULL-TIME

YEARS / MONTHS WORKED

DESCRIPTION OF WORK

b) NAME OF EMPLOYER

TITLE OF POSITION

☐ PART-TIME ☐ FULL-TIME

YEARS / MONTHS WORKED

DESCRIPTION OF WORK

c) NAME OF EMPLOYER

TITLE OF POSITION

☐ PART-TIME ☐ FULL-TIME

YEARS / MONTHS WORKED

DESCRIPTION OF WORK

I certify that the facts set forth herein are true and complete.

SIGNATURE DATE

Mail or fax to UCLA Extension, 10995 Le Conte Avenue, Suite 515, Los Angeles, CA 90024-1333 Fax (310) 206-7249