PORTLAND STATE UNIVERSITY
CONTINUING EDUCATION/GRADUATE SCHOOL OF EDUCATION

Commitment Form

Certificate in Interpersonal Neurobiology

Name of Applicant:_____SSN____/_____/_____
Last First MI

Personal Statement

Describe your experience and academic background and how this Certificate program aligns with your professional goals.

****SHOULD NOT BE MORE THAN 500 WORDS TYPED****

Please return completed packet to: Marion Sharp - Certificates
P.O. Box 751, CEED Portland, OR 97207-0751