



CO-MEDIATOR APPLICATION

Applicant Information

Applicant Name:

- Graduate
- Undergraduate

Department:

- Conflict Resolution Certificate
- Conflict Analysis & Trauma Studies Minor
- Both Certificate & Minor

Faculty/Instructor Recommendation

Please select one faculty member or instructor that you had for either your Core Conflict Resolution course (CNRES 531 or 751), or the Divorce and Child Custody/Family Mediation course (CNRES 535 or 755) to recommend you as a co-mediator. Please provide their name and email address so we can contact them.

Name:

E-Mail:

Educational Background

Date you completed Core Conflict Resolution (CNRES 531 or 751):

Date you completed Divorce and Child Custody/Family Mediation (CNRES 535 or 755):

Other relevant mediation training:

Any schedule conflicts that make it difficult to co-mediate at certain times?

Work:

Home:

School:

Additional Comments

Goals you may have for your education?

Do you want to be a state-approved mediator? Further questions (contact info below)?

Please return completed forms to rgmediation@ksu.edu