

APPLICATION FOR ADMISSION
Graduate Certificate Program in Maternal & Child Health



1959 NE Pacific Street, F-351
University of Washington, Box 357230
Seattle, Washington 98195-7230

APPLICATION DEADLINE: APRIL 15th

(MCH students are automatically entered in the program and do not need to fill out an application for admission)

Name: _____
Last First Middle Name

GRADUATE PROGRAM CURRENTLY ENROLLED IN: _____

WHAT YEAR IN PROGRAM? _____ CURRENT UW GPA: _____ STUDENT ID# _____

MAILING ADDRESS (permanent):

Street

City State ZIP

Country

TELEPHONE, FAX, E-MAIL:

(____) _____
Home
(____) _____
Work State ZIP
(____) _____
Fax, if available

Email, if available

MAILING ADDRESS (local):

Street

City State ZIP

Country

DATE OF BIRTH: (optional) _____

GENDER: (optional) Female Male

ETHNICITY (optional):

Caucasian Black/African American Asian/Pacific Islander (please specify) _____
 Hispanic Native American Other (please specify) _____

EDUCATION (List highest degree first)

Institution	Location	Degree	Major	Dates
				From To

Please complete the reverse side →

HEALTH RELATED EXPERIENCE (if applicable) (List most recent first):

<i>Organization</i>	<i>Location</i>	<i>Title and/or Duties</i>	<i>Dates</i>	
			<i>From</i>	<i>To</i>

HONORS, SCHOLARSHIPS AND GRANTS:

PROFESSIONAL CERTIFICATION, LICENSURE, AND SOCIETY MEMBERSHIP:

PUBLICATIONS:

BACKGROUND AND GOAL STATEMENT: On a separate page, type or word process a **one page** description of your particular area of interest within the field of health behavior and health promotion, any relevant technical skills, language skills, or work experience, and please explain how the certificate program would help you meet your academic and professional goals.

TO APPLY FOR THE GRADUATE CERTIFICATE PROGRAM IN MATERNAL & CHILD HEALTH PLEASE SUBMIT THE FOLLOWING BY APRIL 15:

1. Application form
2. Goal Statement (1 pg max)
3. Current resume (5 pg max)
4. UW transcripts

Send the **COMPLETE APPLICATION** to:

Carmen Velásquez, Program Administrator
Maternal & Child Health Program
University of Washington, Box 357230
Seattle, WA 98195
Tel: 206- 543-0312
Fax: 206-616-8370
e-mail: carmv@u.washington.edu