

GRADUATE CERTIFICATE IN GLOBAL HEALTH OF

WOMEN, ADOLESCENTS, AND CHILDREN

## **APPLICATION**

*Email application materials to* [*kpfiz1@uw.edu*](mailto:kpfiz1@uw.edu) *(no paper applications accepted).*

University of Washington • Global Center for Integrated Health of

Women Adolescents and Children (Global WACh)

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# Telephone: (206) 685-9659 • Fax: (206) 744-3693

# • Web Site: http://www.globalwach.org

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| Date APPLICANT NAME (last, first & middle) | | |
|  |  | |
| UNIVERSITY OF WASHINGTON STUDENT NUMBER | | COUNTRY OF CITIZENSHIP |
|  | |  |
| Mailing AddressEmail Address: | | Home PhoneWork Phone |
| **CURRENT DEGREE PROGRAM, YEAR, AND ADVISOR** | | **EXPECTED GRADUATION QUARTER AND YEAR** |
| **Please list any other graduate certificate programs you are currently enrolled in or plan to apply to:** | | |
| **Please attach current CV** | | |
| **STATEMENT OF PURPOSE:**  **Describe your area of interest within the field of global health of women adolescents and children, any relevant technical or language skills, relevant work, volunteer or international experience, and how the certificate program will help meet your academic and professional goals. Please attach your statement and limit your response to one typed page.** | | |
| **What was your undergraduate Grade Point Average?** | | |
| **GRADUATE SCHOOL TRANSCRIPTS** Please write in your graduate GPA in below andattach one copy of current unofficial UW graduate school transcripts - available online at**: http://www.washington.edu/students/reg/transcripts.html.** For new graduate students, a letter from your advisor may be submitted in lieu of a transcript. | | |
| **HOW DID YOU HEAR ABOUT OUR CERTIFICATE PROGRAM?** Please 🗹 check all that apply.  Student Recommendation  Printed/posted material - Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Professor Recommendation  UW Website  Global WACh Website  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **ADMINISTRATIVE PURPOSES ONLY**  **\_\_\_\_\_\_\_\_ Completed Application Received \_\_\_\_\_\_\_\_ Transcripts Received**  **\_\_\_\_\_\_\_\_ Statement Received \_\_\_\_\_\_\_\_ Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |