

GRADUATE CERTIFICATE IN HIV and STIs

## **APPLICATION**

*Email application materials to* [*dghcerts@uw.edu*](mailto:dghcerts@uw.edu) *(NO PAPER applications accepted).*

University of Washington, Dept of Global Health • Graduate Certificate Program in HIV and STI

• Box 359931 • Harris Hydraulics Building •Seattle, Washington • 98195

# Telephone: (206) 685-1292 • E-mail: [dghcerts@uw.edu](mailto:dghcerts@uw.edu)

# • Web Site: <https://globalhealth.washington.edu/education-training/graduate-certificates/program-hiv-stis>

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| Date APPLICANT NAME (last, first & middle) | | |
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| UNIVERSITY OF WASHINGTON STUDENT NUMBER | | COUNTRY OF CITIZENSHIP |
|  | |  |
| Mailing AddressEmail Address: | | Home PhoneWork Phone |
| **CURRENT DEGREE PROGRAM, YEAR, AND ADVISOR** | | |
| **Please attach current CV** | | |
| **STATEMENT OF PURPOSE:**  **Describe your area of interest within the field of HIV & STIs, 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 and attach one copy of current unofficial UW graduate school transcripts - available online at **:http://www.washington.edu/students/reg/transcripts.html** | | |
| **HOW DID YOU HEAR ABOUT OUR CERTIFICATE PROGRAM?** Please 🗹 check all that apply.  ❑ Student Recommendation ❑ Printed/posted material - Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Professor Recommendation ❑ UW Website  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **ADMINISTRATIVE PURPOSES ONLY**  **\_\_\_\_\_\_\_\_ Completed Application Received \_\_\_\_\_\_\_\_ Transcripts Received**  **\_\_\_\_\_\_\_\_ Statement Received \_\_\_\_\_\_\_\_ Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |