

PROFESSIONAL & CONTINUING EDUCATION

UNIVERSITY of WASHINGTON



Single course enrollment application form

To apply, please print, complete and mail this form with your required materials to the address below.

Yes, I would like to enroll in a single course in the program above. I have indicated the course title below. I have read and understand the application information on this course's Web page and have included the following required materials with this application:

- Letter of application
- Résumé
- Any additional materials listed on this course's Web page

Note: Your application will be evaluated on the basis of the materials you submit. If accepted into this course, your application information may be shared with the instructors. By providing your contact information, you agree to receive communications from UW Professional & Continuing Education. You will have an opportunity to manage your preferences. If you have questions about the application process, please call 206-685-8936.

Course Title

Contact Information

Name (last) _____ Name (first) _____ M.I. _____ Gender: M F

_____ Mailing address

_____ City _____ State _____ Zip code _____

_____ Social Security Number* _____ Date of birth _____

_____ (area code) Daytime phone _____ (area code) Evening phone _____ Email address _____

*For tax purposes, federal law requires the University to obtain your Social Security Number.

Mailing Information

Mail application materials to the appropriate address below:

For materials sent via U.S. mail:
Certificate Program Applications/Registrations
UW Professional & Continuing Education Registration Services
PO Box 45010
Seattle, WA 98145-0010

For materials sent via express or courier delivery only:
Certificate Program Applications/Registrations
UW Professional & Continuing Education Registration Services
4311 11th Ave. NE, Suite 100
Seattle, WA 98105-4608