

#### **CERTIFICATE PROGRAM APPLICATION FORM**

Print, complete and mail this form with you	ur required materials to the address below.
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- Yes, I wish to apply to the program above. I have read and understand the requirements and application information on this program's Web page and have included the following required materials with this application:
- \$50 nonrefundable certificate program fee
- Letter of application

Signature

- Résumé
- Any additional materials listed under the Apply tab

**Note:** Your application will be evaluated on the basis of the materials you submit. If accepted into the program, your application information may be shared with the instructors in the program. 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 800-506-1325.

CONTACT INFORMATIO	N		
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 requi	res the University to obtain your Social	Security Number.	
PAYMENT			
	te document (purchase order c		s are subject to a \$25 service fee) bill) must accompany this form
Card number	Expiration da	ce	
Name as it appears on card			
Credit card billing address			
City	State Zip code		

## **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