



## CERTIFICATE PROGRAM APPLICATION FORM

**Print, complete and mail this form with your required materials to the address below.**

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
- 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 INFORMATION

Name (last) \_\_\_\_\_ Name (first) \_\_\_\_\_ M.I. \_\_\_\_\_ Gender:  M  F

\_\_\_\_\_ Mailing address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ Social Security Number (optional)\* \_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ (area code) Daytime phone \_\_\_\_\_ (area code) Evening phone \_\_\_\_\_ Email address \_\_\_\_\_

\*SSN or Individual Tax ID (TIN): The University uses this information to generate and distribute 1098-T tax forms in compliance with applicable federal and state tax regulations.

### PAYMENT

- Check in U.S. funds made payable to the University of Washington (returned checks are subject to a \$25 service fee)
- Third-party payer: separate document (purchase order or letter of authorization to bill) must accompany this form
- VISA  MasterCard  American Express

\_\_\_\_\_ Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_\_\_ Name as it appears on card \_\_\_\_\_

\_\_\_\_\_ Credit card billing address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

## **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