

CERTIFICATE PROGRAM APPLICATION FORM

GLOBAL BUSINESS CERTIFICATE

APPLICATION REQUIREMENTS

To apply to the Global Business Certificate, please submit the following items:

- Completed and signed **application form**
- Non-refundable **application fee** of \$50 USD (required)
- **Express mail fee** of \$40 USD (if your I-20 must be mailed to an international address)
- Copy of the biographical page in your **passport**
- Official **bank statement** (less than six months old) and **letter of sponsorship** (if sponsored)
- Proof of **English language proficiency**
- **Résumé** and **Letter of application**
- *Copies of passports of dependents, if applicable*

APPLICATION SUBMISSION

Submit your complete application and supporting materials by e-mail, fax, or mail:

E-mail: joinIELP@uw.edu

Fax: 206.685.9572

Regular Mailing Address:

UW Continuum College
International & English Language Programs
P.O. Box 45010
Seattle, WA 98145-0010

Express Mailing Address:

UW Continuum College
International & English Language Programs
4333 Brooklyn Ave NE
Box 359450
Seattle, WA 98195-9450

HEALTH INSURANCE REQUIREMENT

The UW International Student Health Insurance Plan (ISHIP) is required for all international students with F-1 visa status who are enrolled full-time. This requirement will only be waived for students who are funded by their government or by the U.S. government.

ACCOMMODATIONS FOR DISABILITIES

The University of Washington is committed to providing access, equal opportunity, and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities. To request disability accommodation in the application process, contact the **IELP department** at 206.543.6242 or the **Disability Services Offices** at 206.543.6450/VM, 206.543.6452/TTY, 206.685.7264/fax, or dso@uw.edu, well in advance of arrival.

NOTIFICATION FOR COLLECTION AND USE OF PERSONAL DATA

You are notified that by completing this application form, the University of Washington (UW) is collecting certain data about you. UW International & English Language is collecting data in order to process your application for the Global Business Certificate.

UW may also use this data to comply with its legal obligations. Data records will be maintained for at least their minimum required retention according to the applicable UW Records Retention Schedule: <http://finance.uw.edu/recmgmt/depts/130805>.

Records will be accessed by those who have a legitimate UW-related business need to access them.

For additional information, to request access to or a copy of your personal data, or to request certain data be removed, you may contact Marlon Buchanan, Senior Director of Technology and Data Services at mlbu@uw.edu.

If your data protection related questions or concerns are not addressed after contacting the organization area to which you provided data, you may also contact UW's designated data protection officer, Ann Nagel, Institutional Privacy Official and Associate Vice Provost for Privacy, uwprivacy@uw.edu.

PROGRAM APPLICATION

Personal Information

Family Name	First Name	Middle Name (if applicable)	Preferred Name (optional)
Male Female	/ /	- -	
Gender (select one)	Date of Birth (Month/Day/Year)	U.S. Social Security Number / U.S. Tax ID Number (if applicable)	
Country of Birth	Country of Citizenship	Primary (Native) Language	

Program Information

Select the first quarter you wish to attend in your preferred program type (choose only one):

▪ **Global Business Certificate (three quarters)***

Spring Quarter *March-December*

Autumn Quarter *October-June*

▪ **Global Business Course (single quarter)†**

Spring Quarter *March-June*

Summer Quarter *June-August*

Foundations of Global Business
Project Management

Global Marketing

Autumn Quarter *October-December*

Winter Quarter *January-March*

Foundations of Global Business
Project Management

Global Marketing

*To be eligible to apply for Optional Practical Training (OPT), students must complete the three-quarter Global Business Certificate. Students who complete only one or two quarters of study will **not** be eligible to apply for OPT.

†Core courses in the Global Business Program are [sequential](#). Single-quarter students who attend Global Marketing or Project Management in their first quarter and wish to continue in the program will **not** be eligible to enroll in a core course that comes earlier in the program sequence.

Academic Information

What is the highest level of education you will complete **before** beginning this program?

High School Undergraduate Graduate Other: _____

Are you currently attending a college or university in your home country? Yes No

If yes, what is your current level of study? Language School Undergraduate Graduate Other

If yes, please answer the following: _____
Name of School Major/Area of Study

Contact Information

Daytime Phone	Alternate Phone (optional)	Student's E-mail Address
Agency's Name (if applicable)	Agent's Name (if applicable)	Agent's E-mail Address (if applicable)

Mailing Address*

*Your I-20 will be sent to this address, if applicable.

Street Address		Apartment Number	Recipient's Full Name
City	State/Province	Postal Code	Country

Applicant's Permanent Home Address*

*CANNOT be a business address, P.O. Box, or U.S. address

Street Address		Apartment Number	
City	State/Province	Postal Code	Country

Immigration Information

Do you need an I-20 to apply for an F-1 student visa? Yes No

If no, why not? _____

Are you currently in the U.S.? Yes No

If you are currently in the U.S., what type of visa do you have? _____

If you have attended another school in the U.S. within the past 60 days, write the name of the school that issued your I-20:

F-2 Dependents*

*Accompanying spouse or minor child ONLY; for additional dependents, please add a separate sheet.

Family Name	First Name	Gender	Relationship to student	Date of Birth	Country of Birth
Family Name	First Name	Gender	Relationship to student	Date of Birth	Country of Birth

Financial Information

In order for our office to issue an I-20, you must demonstrate that you have the funds to cover all tuition and living expenses while you are in the U.S. Refer to the program website for an estimate of these expenses. You will need to submit an official bank statement in English (less than six months old) and a letter of sponsorship (if sponsored) confirming that you have sufficient funds.

Please indicate the type of funds you will use to study in the U.S. and include evidence with your application:

Personal Funds

Family Funds

Scholarship Funds

Sponsor (name of person or organization, if sponsored): _____

APPLICANT SIGNATURE

TO THE APPLICANT: Please read the statements below and sign your name electronically or by hand.

- I understand that the \$50 application fee is non-refundable. I am responsible to check and see if a program is still open before I submit an application.
- I understand that this program is not a degree program. Admission to this program does not constitute or guarantee admission to any University of Washington degree program.
- The information I have provided above is correct and complete. I understand that if I do not provide correct and complete information, my application can be denied or canceled.
- I understand that by signing my name below by hand or electronically, I am signing my application and affirming that I have read and agree to the above statements.

Applicant's Signature _____

Date _____

APPLICATION PAYMENT

Personal Information

Family Name

First Name

Middle Name (if applicable)

Preferred Name (optional)

Email address (required)

Program Information

- Global Business Certificate (three quarters)

Spring Quarter *March-December*

Autumn Quarter *October-June*

- Global Business Course (single quarter)

Spring Quarter *March-June*

Summer Quarter *June-August*

Autumn Quarter *October-December*

Winter Quarter *January-March*

Fees

- ☐ \$50 application fee (required and non-refundable)
- ☐ \$40 express mail fee (required for students who need an I-20 sent to a non-U.S. address)

Payment Method

- ☐ I am enclosing a money order or certified check for the amount required.
- ☐ Please charge my credit card for the amount required (select card type below):
 - ☐ Visa
 - ☐ MasterCard

Credit Card Information:

Card holder's name

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Credit card number

____ / ____

Expiration date (month/year)

____ - ____ - ____

CVV Code*

Credit card billing address, line 1

Credit card billing address, line 2

Signature

*The CVV Code is a 3-digit code on the back of your Visa or MasterCard.

