

Certificate in Healthcare Management
APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Name
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Please list any other names under which materials may be submitted

Current Address

City	State	Zip	Date when address may expire
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Permanent address (if different than above)

City	State	Zip
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Daytime phone number

Cell phone number

Email address

Social Security number*

Date of Birth

Place of birth

*(A student ID number will be assigned
in place of your SSN)

ENROLLMENT OPTIONS

Please indicate the term and year you intend to enroll:

Summer

Fall

Spring

Year _____

PERSONAL STATEMENT

Please attach a statement that briefly describes your goals for completing this certificate.



ACADEMIC HISTORY

College and Other Institutions *(Please submit official transcripts for each school attended.)*

College or other institution	From (month/year)	To (month/year)
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Degree	Date received/expected
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College or other institution	From (month/year)	To (month/year)
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Degree	Date received/expected
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College or other institution	From (month/year)	To (month/year)
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Degree	Date received/expected
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EMPLOYMENT HISTORY

Please attach your current resume

My current employer will assist will not assist with tuition for courses at UVM.

FINANCIAL AID

If you are interested in financial aid, please contact the UVM Student Financial Services office at 802-656-5700 and indicate that you will be a Continuing Education student.

APPLICATION CHECKLIST

In order for your application to be reviewed, please submit all of the following by these deadlines:

- **July 15** for fall term
- **Nov 15** for spring term
- **March 15** for summer term

If you miss these deadlines, contact Continuing Education about rolling admission details.

1. A completed and signed application
2. Official transcripts for all undergraduate and graduate work. If you have taken any college-level courses, you need to request an official transcript from each institution you attended. Transcripts need to be sent by the issuing institution directly to University of Vermont, Continuing Education, 322 S. Prospect St., Burlington, VT 05401-3505. Faxed copies of transcripts will be acceptable for review with the understanding that official transcripts will follow.
3. Personal statement.

An interview and standardized test score may be requested at the discretion of the Admission Committee.

All correspondence should be addressed to:

The Graduate Certificate in Healthcare Management
The University of Vermont, Continuing Education
322 S. Prospect St., Burlington, VT 05401-3505

Residency for tuition purposes information can be found online at registrar.uvm.edu.

NOTICE OF NONDISCRIMINATION

Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment, and all union or professional organizations holding collective bargaining or professional agreements with the University of Vermont are hereby notified that the University of Vermont does not discriminate on the basis of race, sex, disability, color, religion, age, national origin, or Vietnam veteran status in admission or access to, or treatment or employment in, its programs and activities. In addition, it is the policy of the University that persons not be discriminated against on the basis of sexual orientation. Harassment for any reason is unacceptable and will not be tolerated.

It is therefore the intent of the University to comply with the spirit of the letter of Titles VI and VII of the Civil Rights Acts of 1964; Title IX of the Educational Amendments of 1972; the Equal Pay Act of 1963; the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973; the Vermont Fair Employment Practices Act; and such other federal, state and local nondiscrimination laws as may apply.

Inquiries or complaints concerning the University's compliance with the regulations implementing the policies of the University should be made to the University of Vermont, Executive Officer of Affirmative Action and Equal Opportunity, Waterman Building, Burlington, Vermont 05405, Telephone (802) 656-3368; or the Office of the Vermont Attorney General, Pavilion Building, Montpelier, Vermont 05602. Inquiries or complaints concerning the University's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, 34 CFR Part 100; Title IX of the education amendments, 34 CFR Part 106; the Age Discrimination Act of 1975, 45 CFR Part 90; or Section 504 of the Rehabilitation Act of 1973, 34 CFR Part 104, may also be made to the Assistant Secretary for Civil Rights, United States Department of Education, Washington, DC 20202, or the Director, United States Department of Education, Office for Civil Rights, Region I, J.W. McCormack POCH, Boston, MS 02109.