**Application for the UNC Gillings Graduate Certificate in *Total Worker Health*®**

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| Student name |  | Student PID |
|  | | |
| Student’s degree program, department, and school | | |
|  | | |
| Academic Coordinator name & email (if available) | | |
|  |  |  |
| Expected graduation date (semester and year) |  | Starting semester? (fall or spring) |

**Academic plan for completing the certificate**

Please complete this table to the best of your ability, to confirm that you will not have scheduling conflicts or credit overload during completion of the certificate. Include all required courses for your degree. Electives do not need to be named, but please input the number of credits of elective you plan to take each semester.

The Certificate Director will review your academic plan with your Academic Coordinator before approving your enrollment in the Graduate Certificate in *Total Worker Health* (TWH).

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| --- | --- | --- | --- | --- |
|  | **Fall 2022** | **Spring 2023** | **Fall 2023** | **Spring 2024** |
| **TWH Cert Courses**  Course # (credits) |  |  |  |  |
| **Other Courses**  Course # (credits) |  |  |  |  |
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|  |  |  |  |
| **Schedule conflicts?** | No | No | No | No |
| **Total Credits**  (max=16) |  |  |  |  |

**Statement of Purpose**

Please tell us more about your interest in completing the Graduate Certificate in TWH. In 500 words in the text box below (approximately), please share with us:

* Any experience you have in the field of worker safety and health, worker health protection, worker health promotion, or worker advocacy.
* What is one worker health/safety/wellbeing topic you are particularly interested to learn more about, and why?
* How will this certificate contribute to your career goals?

Please type text in this box (approximately 500 words)

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**Attachments**

When submitting this application, please also include in the same email:

* Your resume, highlighting relevant professional and academic experience
* One professional contact (phone and email) who has agreed to serve as a reference, who can speak to your experience or interest in worker health, safety, and/or wellbeing.

**To submit this application, please email this form along with the above to** [**TWHCertificate@unc.edu**](mailto:TWHCertificate@unc.edu)**.**