



**Application for Admission to  
Certificate in Medical Communications & Equity**

This application is for: Spring \_\_\_\_\_ Fall \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle/Former)

Preferred Name \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address \_\_\_\_\_  
(if different from home address)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State of legal residence: \_\_\_\_\_ If Virginia, [ ] city or [ ] county of residence: \_\_\_\_\_

Has a change in your residence been made in the last 12 months? [ ] yes [ ] no

Birth date: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Is English your first language? [ ] yes [ ] no If not, what is? \_\_\_\_\_

If you are not a U.S. citizen, are you a [ ] Legal Permanent Resident of the U.S.?

[ ] U.S. Visa Holder (Type \_\_\_\_\_) [ ] Other \_\_\_\_\_

Do you have dual citizenship? [ ] yes [ ] no If so, where? \_\_\_\_\_

The following information is requested to assist the University in complying with federal and state reporting regulations. Response is voluntary and has no bearing on the admission decision. Please indicate gender and the ethnic group with which you identify:

[ ] Male [ ] Female Are you Hispanic or Latino? [ ] yes [ ] no

If you are not Hispanic or Latino, please indicate with which racial group or groups you identify.

[ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American

[ ] Native Hawaiian or Other Pacific Islander [ ] White

Institution(s) from which you have received *undergraduate* credits:

Name of institution, period of attendance, and degree or number of credits:

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Institution(s) from which you have received *graduate* credit:

Name of institution, period of attendance, and degree or number of credits:

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I have requested that an official transcript of all college level courses be sent to the Graduate Center at Hollins University, Box 9603, 7916 Williamson Rd, Roanoke, VA 24020.  Yes  No (Electronic certified copies are acceptable and may be sent to [hugrad@hollins.edu](mailto:hugrad@hollins.edu).)

If no, explain: \_\_\_\_\_

List the names, titles, and addresses of three persons whom you have asked to write letters of recommendation. These should be from instructors or others who are familiar with your academic qualifications and/or who can attest to your ability to be successful in the program to which you are applying. Recommendations should be mailed to the Graduate Center at Hollins University, Box 9603, 7916 Williamson Rd, Roanoke, VA 24020 or emailed to: [hugrad@hollins.edu](mailto:hugrad@hollins.edu).

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Portfolio, including resume, audition reel, headshot, supporting documentation such as reviews, and letter of application have been submitted.

I wish to apply for financial assistance.

Are you or any of your relatives currently employed by Hollins University?  yes  no

If so, please list name(s), department(s) and relationship: \_\_\_\_\_

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I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal. I understand that information provided on this application may be sent to the Virginia State Police and other state or federal agencies for reporting purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Hollins University does not discriminate in admission because of race, color religion age, disability, sexual orientation, veteran status, national or ethnic origin, or genetic information, and maintains a non-discriminatory policy throughout its operation. For more information, contact the director of equity, community, and Title IX coordinator at (540) 362-6588 or [johnsontd@hollins.edu](mailto:johnsontd@hollins.edu).

How did you first hear about this program?  advertisement  news article  brochure  friend  Facebook  
 Hollins website  professor/mentor  current student  alumna/alumnus  other internet source \_\_\_\_\_  
 other \_\_\_\_\_ source of advertisement or article: \_\_\_\_\_

\$40 processing fee is due upon submission of this application.

## Applicant Instructions

Thank you for your interest in the certificate in new play performance at Hollins University. To ensure timely processing of your application, read and follow the instructions below.

1. Indicate on the application the summer term for which you are applying.
2. Complete all items on the application form. Type or print legibly.
3. A nonrefundable processing fee of \$40, made payable to Hollins University, must accompany this application.
4. Request that your undergraduate and any graduate transcripts be sent to:

Hollins University Graduate Center  
Box 9603, 7916 Williamson Rd, Roanoke, VA 24020

Certified Electronic Copies can be sent to [hugrad@hollins.edu](mailto:hugrad@hollins.edu).

5. Submit a letter of application stating how you anticipate the certificate program will be of benefit to you.
6. Submit a portfolio of relevant work. This portfolio should include a resume, audition reel, headshot, supporting documentation such as reviews, and three letters of reference which speak to potential for success in the program and ability to undertake graduate level study.

Hollins University Graduate Center  
Box 9603, 7916 Williamson Rd, Roanoke, VA 24020

Or have them e-mailed directly to our office at [hugrad@hollins.edu](mailto:hugrad@hollins.edu).

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The deadline for receipt of all materials is January 22 for spring consideration and August 19 for fall consideration, although circumstances will occasionally allow the admission of a qualified student after the deadline.

Questions regarding this program or application to this program should be addressed to:

Dr. Stephanie Martin, Director  
Graduate Program in Equity & Health Care  
Hollins University  
Box 9603  
7916 Williamson Rd  
Roanoke, VA 24020  
Phone: (540) 362-6575  
Fax: (540) 362-6288  
E-mail: [hugrad@hollins.edu](mailto:hugrad@hollins.edu)  
[www.hollins.edu](http://www.hollins.edu).....