

**Program on Ethics**

**GRADUATE CERTIFICATE IN ETHICS**

*Please type or print clearly in black*

*University of Washington • Department of Philosophy • Box 353350 • Seattle, Washington 98195-3350*  
*Graduate Adviser Telephone: (206) 543-5863 • Fax: (206) 685-8740 • Email: [brittama@uw.edu](mailto:brittama@uw.edu)*  
*Web: <https://phil.washington.edu/graduate-certificate-ethics>*

**STUDENT INFORMATION**

<b>APPLICANT NAME (last, first &amp; middle)</b>	<b>UW STUDENT NUMBER</b>
<b>Mailing Address</b>	<b>Phone</b>
<b>Email Address</b>	<b>Alternate Phone</b>
<b>PRIMARY GRADUATE DEGREE PROGRAM</b>	
Department: _____ <input type="checkbox"/> MA Program <input type="checkbox"/> PhD Program Current year in program: _____ Expected date of graduation (qtr/year): _____	
<b>PROPOSED ETHICS FACULTY ADVISER (See list of <a href="#">Core Members</a> of Program on Ethics)</b>	

**HOW DID YOU HEAR ABOUT OUR CERTIFICATE PROGRAM?**

- Please check all that apply.
- Student recommendation
  - Printed/posted material - Where? \_\_\_\_\_
  - Professor or adviser recommendation
  - Program on Ethics/Department of Philosophy website
  - Library - Where? \_\_\_\_\_
  - Other \_\_\_\_\_

## STATEMENT OF PURPOSE

Briefly describe your interest in, and motivations for applying to, the Graduate Certificate in Ethics, offered by the Program on Ethics. In particular, describe your area of study in your discipline and explain how the Graduate Certificate in Ethics may complement or enrich your current research. You may enter your statement below, or attach your statement (no more than 2 typed double-spaced pages) to this application.

**PROPOSED COURSE PLAN (AND APPROVALS)**

**VALUES CORE COURSES (7 credits total):** All certificate students must complete *either* VALUES 511 *or* 512 (each 5 credits) *and* the certificate capstone VALUES 513 (2 credits) with a grade of 3.0 or higher. Please indicate your plan for completing these requirements (quarter and year). Note: You may, if you wish, take both VALUES 511 and 512 and use one to fulfill the core course requirement and the second as a values-laden course.

QTR & YEAR	
VALUES 511 or 512, (5 cr) <i>(indicate one)</i>	
<p style="text-align: center;">VALUES 513 Capstone (2 cr)</p> <p>Prerequisite: Either VALUES 511 or VALUES 512. Students should normally register for VALUES 513 after completing all other certificate requirements. In some cases, with permission of the POV director, a student may enroll concurrently with other approved values-laden course requirements.</p>	SPRING _____

**VALUES-LADEN GRADUATE COURSES (at least 8 credits):** Please indicate the courses you propose to use to complete the 8-credit distribution requirement for the certificate. Be sure to indicate (1) the course department and number, (2) the course title, (3) the instructor and (4) the quarter in which the course will be (or was already) taken. Note: *At least 2 credits of values-laden courses must be at the 500-level. All courses must receive a grade of 3.0 or higher to be used to meet Certificate requirements.*

	Course Dept/#	Cr.	Title	Instructor	Quarter
Course 1					
Course 2					
Course 3 <i>(if needed)</i>					

Checklist

- At least 8 total values-laden credits (total values-laden credits: \_\_\_\_\_)
- At least 9 total credits at 500-level, including core courses (credits at 500-level: \_\_\_\_\_)
- No core requirements of primary graduate degree program*
- No more than 6 credits overlap with *electives* of primary degree (primary degree elective credits: \_\_\_\_)

**Approval of Primary Degree Department** (by student’s academic adviser or GPA in home department)

I confirm that the above proposed courses to be used to complete the Graduate Certificate in Ethics, are *not requirements* of the applicant’s primary graduate degree program and *do not represent more than 6 credits of elective coursework* in the student’s primary degree program. Note the Graduate School’s requirement that “overlap of coursework applied towards both programs must not exceed 6 credits and is *limited to elective coursework in each program.*”

\_\_\_\_\_

Approver Signature

\_\_\_\_\_

Date

Approver Name (printed/typed): \_\_\_\_\_ Email: \_\_\_\_\_

Approval Job Title/Department: \_\_\_\_\_

**Certificate Program Approval of Course Plan** (Program on Values Faculty Adviser)

\_\_\_\_\_

Program on Ethics Faculty Adviser Signature

\_\_\_\_\_

Date

**APPLICANT SIGNATURE**

**IMPORTANT INFORMATION ABOUT AWARDING GRADUATE CERTIFICATES**

**Requesting Certificate Upon Completion of Requirements:** Certificates are *not automatically awarded* upon graduation from a student’s primary degree program (or upon completion of certificate requirements). Students must keep track of their progress and request their certificates formally from the Certificate Program via email at [brittama@uw.edu](mailto:brittama@uw.edu).

Please allow at least two weeks prior to the last day of the quarter in which you request the certificate, to allow time for processing.

It is possible to request this in a later quarter as long as you are registered, but be advised that *the Graduate School requires students to be actively registered in the quarter in which they request to “graduate” from a program or certificate.*

**APPLICANT SIGNATURE**

**DATE**

**Submit completed application to Britta Anson at [brittama@uw.edu](mailto:brittama@uw.edu) or campus box 353350.**

*Note: the Program on Ethics will reference your UW transcript along with*

*this application* **ADMINISTRATIVE PURPOSES ONLY**

<p>_____ <b>Completed Application Received</b></p> <p>_____ <b>Statement Received</b></p> <p>_____ <b>Transcripts Received</b></p>	<p><b><u>Application Action</u></b></p> <p><input type="checkbox"/> Approve                      Deny</p> <p>Ethics Director Signature _____</p> <p>_____ <b>Added to Certificate in MGP</b> _____ (date)</p>
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**COURSEWORK COMPLETED** (*Courses must be graded 3.0 or higher*)

✓	Course	Credits	Quarter Completed	Approved by:
	Core Course (VALUES 511 or 512) _____	5		
	[elective 1]			
	[elective 2]			
	[elective 3 (if needed)]			
	VALUES 513 - Capstone Workshop	2		

TOTAL CREDITS \_\_\_\_\_ (*must equal at least 15 credits*)

\_\_\_\_\_ **Request for Award Certificate Received from Student** (date) \_\_\_\_\_

\_\_\_\_\_ **Audit completed/ approval to award certificate** (approver/date) \_\_\_\_\_

\_\_\_\_\_ **Request to Award Certificate Submitted in MGP** (date) \_\_\_\_\_

\_\_\_\_\_ **Certificate Awarded** (quarter) \_\_\_\_\_