



in association with

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON D C

ADVANCED MASTER'S CERTIFICATE PROGRAM APPLICATION

PERSONAL INFORMATION

Last Name			First			Middle		
Home Address								
City			State			Zip		
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Home Phone Number			Office Phone Number					
Employer								
Employer Address			Street					
City			State			Zip		
Current Job Title								
E-Mail Address								

REQUIREMENTS

Prerequisite: The ESI/GW Advanced Master's Certificate is designed for professionals with demonstrated mastery of project management. Therefore, participants must satisfy *one* of the following requirements prior to obtaining the Advanced Master's Certificate. Please check your qualification(s):

- ESI/GW Master's Certificate
 - Project Management
 - Information Technology Project Management
- Certificate in Project Management from an external training organization other than ESI
We will advise you if the certificate program you are submitting is approved by ESI.

Name of organization: _____
Title of certificate awarded: _____
Date of certification: _____

*Note: Please list courses you have completed in this program in the certificate curriculum section.
Please attach a copy of your certificate or transcript.*

- PMP certification
Note: Please attach a copy of your certificate.
- Project management certification from a formal, client-sponsored, internal certification program
We will advise you if the certification you are submitting is approved by ESI.

Name of organization: _____
Title of certificate awarded: _____
Date of certification: _____

*Note: Please list courses you have completed in this program in the certificate curriculum section.
Please attach a copy of your certificate or transcript.*

(Please Complete and Sign Reverse)

Certificate Curriculum: If your prerequisite training is through a training organization other than ESI *or* a client-sponsored, internal certification program, please enter the course title(s), the company through which the training was given, the number of classroom hours, and the dates of participation for each of the courses in the program.

Course Title	Company	Classroom Hours	Dates of Participation

PROCEDURES

- Mail or fax form, together with necessary documentation, to: **ESI International**
901 North Glebe Road, Suite 200
Arlington, VA 22203
Attn: Office of Student Affairs
Fax: 703-558-3449
- After review, applicant will be notified in writing of acceptance, need for additional information, or rejection.
- For further information, contact the Office of Student Affairs at (703) 558-3042 or 888-374-4681.

Affirmative Signature: I hereby affirm that all the statements and information set forth herein are true and correct to the best of my knowledge.

Date

Signature