

# Application Form

## Child Policy Research Certificate Program

NAME: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

MAJOR (OR PROSPECTIVE MAJOR): \_\_\_\_\_

MINOR: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELEVANT COURSES YOU HAVE TAKEN OR ARE NOW TAKING:

DESCRIBE YOUR SPECIFIC INTERESTS IN CHILDREN AND MOTIVATIONS FOR JOINING THIS PROGRAM:

Please contact Kathy Julian at [kathy.julian@duke.edu](mailto:kathy.julian@duke.edu) or (919) 613-9303  
if you have questions or to submit your completed application