University of Washington School of Nursing STUDENT SCHOLARSHIPS & PROGRAMS

CENTER FOR GLOBAL HEALTH NURSING COMMON FIELDWORK FUNDING & GLOBAL NURSING SCHOLARS PROGRAM APPLICATION 2020

Faculty Sponsor Recommendation

ılty Sponsor Name:	Title:
UW School and Department:	
ail:	Phone:
IE STUDENT APPLICANT:	
Fill out the section below.	
Nursing. Do not sign below if you	on to be held in confidence from you by the UW School of wish to have access to your recommendation if you are pegin the program. (It remains confidential until such time).
Give this form to the faculty membe	er writing your recommendation. This faculty sponsor should Casey Thomson, (cthoms@uw.edu), Program Manager for the
ars Program and/or Global Nursing Interview by the accepted student after he or size review the recommendation. An apport be available to the student for review	olicants for the CGHN Fieldwork Funding, Global Nursing ernship Program with Omprakash are placed in open files for the begins their experience, unless the student waives the olicant signature below indicates that this recommendation w at any time and will be treated as confidential. Applicants unding, Global Nursing Scholars Program and/or or who do s to this form at any time.
tion of acceptance, receipt of financial o	to review this recommendation is not required as a aid, or other University service, and is entirely voluntary. s to inspect and review this recommendation.
	School and Department: ail: ESTUDENT APPLICANT: Fill out the section below. Sign if you wish the recommendation Nursing. Do not sign below if you accepted as a HCOTW Scholar and the Give this form to the faculty member complete this form and return it to Conter for Global Health Nursing, in as of recommendation on behalf of appears Program and/or Global Nursing Interview by the accepted student after he or so review the recommendation. An appear to the available to the student for review the not a part of the CGHN Fieldwork Fursion to a part of the CGHN Fieldwork Fursion of acceptance, receipt of financial extension of acceptance, receipt of financial extensions.

Signature of Applicant: ______ Date: _____