 Submit application to:

**Mary McQuilkin, NP, MPH**

mary.mcquilkin@ucsf.edu

Assistant Clinical Professor

Community Health Systems

**HIV MINOR APPLICATION**

This application is required for students who wish to participate in the HIV Minor. Please submit the completed form to Mary McQuilkin. Participants in the Minor must meet the following eligibility criteria:

* Admission to a UCSF Master of Science Program
* Good academic standing
* Approval from academic advisor
* Agreement to complete the HIV courses and clinical requirements

Students may modify their course of study to include the HIV curriculum using the online student portal. Any student may take SON HIV courses as electives, which does not require completion of this form.

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| **SECTION 1: STUDENT INFORMATION** |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program (ie AGNP or FNP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 2: STUDENT BACKGROUND & GOALS** |

A. Briefly describe your professional, personal, and/or educational backgrounds as they relate to your desire to participate in the HIV Minor. Please limit your response to 300 words.

B. Briefly describe your goals for completing the HIV Minor. Please limit your response to 300 words.

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| **SECTION 3: STUDENT SIGNATURE** |

I certify that all the information given on this application is complete and true, and my own original work.

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Student Signature Date