

**INSTRUCTIONS:**

1. Fill out the form completely and sign your name.
2. Email this completed form to the Office of Student and Academic Services at [cph@unthealth.edu](mailto:cph@unthealth.edu) prior to the deadlines in the academic calendar.

**SEMESTER & YEAR OF COMPLETION:**

\_\_Spring\_\_

\_\_Fall\_\_

\_\_Summer\_\_

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_  
*Last First Middle Initial*

Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_

**CERTIFICATE INFORMATION:**

Select Certificate:

\_\_\_ Graduate Certificate in GIS

\_\_\_ Graduate Certificate in Public Health

\_\_\_ Graduate Certificate in Healthcare Management

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date