

GRADUATE CERTIFICATE FOR DEGREE-SEEKING STUDENTS

CERTIFICATE COMPLETION FORM

STUDENT INFORMATION

STUDENT NAME: _____
First Name Middle Name Last Name

UTHEALTH EMAIL: _____ ID NUMBER: _____

CURRENT CAMPUS: _____

DEGREE PROGRAM: _____ DEPARTMENT: _____

CERTIFICATE COMPLETION

COMPLETED CERTIFICATE: _____

NAME AS IT SHOULD APPEAR ON THE CERTIFICATE: _____

PREFERRED DELIVERY METHOD: _____

MAILING ADDRESS *(for mailed delivery method)*

Street Address

City State Zip Code

*Additional Notes/
International Addresses:*

SIGNATURES

Primary Faculty Advisor Signature Date Printed Name of Advisor

*Certificate Faculty Advisor Signature Date Printed Name of Advisor
(only required for Global Health Certificate, Maternal & Child Health Certificate and Physical Activity & Health Certificate)*

Submit form and completed certificate planner to Amanda.K.Smithson@uth.tmc.edu.

This box will be completed by the Office of Academic Affairs and Student Services. The student will be notified when the certificate completion is approved.

APPROVED Yes No _____
Academic Affairs and Student Services Approver Date