

GRADUATE CERTIFICATE FOR DEGREE-SEEKING STUDENTS

CERTIFICATE ELECTION FORM

STUDENT INFORMATION

STUDENT NAME: _____
First Name Middle Name Last Name

UTHEALTH EMAIL: _____ STUDENT ID: _____

CURRENT CAMPUS: _____

DEGREE PROGRAM: _____ DEPARTMENT: _____

CERTIFICATE ELECTION

ELECTED CERTIFICATE: _____

PLEASE WRITE A BRIEF DESCRIPTION EXPLAINING WHY YOU'D LIKE TO ELECT THIS CERTIFICATE.

(only required for students electing a Global Health Certificate)

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 the completed form 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 request is approved.

APPROVED Yes No _____
Academic Affairs and Student Services Approver Date