

School of Public Health

For Office Use Only: Approved: _____

Certificate Completion Form

Student Information				
Student Name:	Last Name	Last Name		
UTHealth ID:	Preferred E	Preferred Email		
Program Information				
Type of Certificate: • Non-degree Seeking	0	Degree-Seeking		
Certificate Program:				
Semester of Completion:	Year of Completion:			
Certificate Information				
Name as it Should Appear on the Certificate:				
Preferred Delivery Method: o Mailed o Pick-up (Houston only)				
Mailing Address (if selected)				
Street Address				
City Additional Notes/International Address:		State –	Zip Code	
For Degree-Seeking Certificates				
Primary Faculty Advisor Signature	Date	Printed Na	Printed Name of Advisor	
Certificate Faculty Advisor Signature Date Printed Name of Advisor Global Health, Maternal & Child Health and Physical Activity and Health Certificate Students Only Printed Name of Advisor		me of Advisor		