

For Office Use Only:

Approved: _____

Student Plan Code: _____

Certificate Completion Form

Student Information

Student Name: _____
First Name *Last Name*

UTHealth ID: _____ Preferred Email _____

Program Information

Type of Certificate: ☐ *Non-degree Seeking* ☐ *Degree-Seeking*

Certificate Program: _____

Semester of Completion: _____ Year of Completion: _____

Certificate Information

Name as it Should
Appear on the Certificate: _____

Preferred Delivery Method: ☐ *Mailed* ☐ *Pick-up (Houston only)*

Mailing Address (if selected)

Street Address

City

State

Zip Code

Additional Notes/International Address:

For Degree-Seeking Certificates

Primary Faculty Advisor Signature

Date

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