UTHealth | School of Public Health
The University of Texas
Health Science Center at Houston

For Office Use Only:
Approved: _____

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

Submit form and completed certificate planner to SPHAcademicAdvising@uth.tmc.edu by the last class day of your final semester