

## Application for Certificate Completion

This application is to be submitted at the beginning of the semester in which the 15-21 credits will be completed so that the intent to complete that semester is known. Please include the current semester courses without grades. Grades for current semester courses will be verified at the end of the semester. Please note that a minimum of 9 credit hours must have been taken at your home campus. Additionally, no more than 21 credits of Certificate in Public Health Sciences coursework can roll over into the MPH or DrPH programs. If a Specialty Certificate is completed concurrently, before or after the MPH no more than 9 certificate credits can count toward both the MPH and Certificate in most cases. Please note that once the Certificate is completed, as indicated by the submission of this form, future course enrollment in the Certificate program will not be possible.

Please confirm which certificate program you are pursuing:

- |                                 |                                 |                                      |
|---------------------------------|---------------------------------|--------------------------------------|
| Public Health Sciences          | Global Public Health            | Population Mental Health & Wellbeing |
| American Indian & Alaska Native | Health Analytics & Data Science | Rural Public Health                  |
| Applied Biostatistics           | Latino Health                   | Total Worker Health                  |
| Climate and Disaster Resilience | Maternal & Child Health         |                                      |

Expected Completion Date (semester & year): \_\_\_\_\_ Home Campus: \_\_\_\_\_

Name as shown on University record: _____		Student ID #: _____	
Last	First	Middle initial	
Permanent mailing address: _____			Phone #: _____
Street	City	State	Zip
CU email address: _____		Other email address: _____	
Current or anticipated place of employment: _____			

Term and Year	Course Title	Course Number	Credit Hours	Grade
<b>Total Credits Completed (Maximum of 21) =</b>				

\_\_\_\_\_ has successfully completed the certificate program specified above through  
[Student Name]  
**The Colorado School of Public Health**, at the \_\_\_\_\_ campus.  
[Primary Campus Location]

_____	_____	_____
Student (type or print name)	Student Signature	Date
_____	_____	_____
Campus Director (CSU/UNC only) (type or print)	Campus Director Signature	Date

**If you would like the certificate mailed to the address specified on this form, please check this box.**   
(Students who do not select this option will be notified when their certificates are available for pick up)

Please return entire document by mail or email to:  
Office of Academic Affairs  
Mail Stop B119  
Fitzsimons Bldg  
13001 East 17<sup>th</sup> Place, Room E3004  
Aurora, CO 80045  
Email: [ColoradoSPH.AcademicAffairs@cuanschutz.edu](mailto:ColoradoSPH.AcademicAffairs@cuanschutz.edu)  
Phone: 303-724-8877

<p style="text-align: center;"><b>CSPH USE ONLY</b></p> <p># of Non-Degree Credits: _____</p> <p># of Certificate Credits: _____</p> <p>Total # of Credits: _____</p> <p># Credits at Home Campus: _____</p> <p>Cum GPA: _____</p>
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