

# colorado school of public health

UNIVERSITY OF COLORADO  
COLORADO STATE UNIVERSITY  
UNIVERSITY OF NORTHERN COLORADO

## MPH Application for Graduation

This application is to be completed by the student, recommended by the appropriate designated faculty, and submitted to the Office of Academic Affairs no later than the Monday following the add/drop deadline for the semester indicated below in which the student intends to graduate. **This application indicates the student's intent to have completed 42 credits and the specific requirements of the concentration as of the end of the semester/year indicated below in order to be eligible for graduation. It is understood that the requirements have not been completed at the time this application is signed and submitted and that verification of all requirements will be conducted prior to actual graduation and award of degrees. Summer Graduates:** Do not apply for spring graduation or follow the spring application deadlines in order to participate in Convocation if the degree requirements will not be met until August. Please apply for summer by the accelerated deadline of April 1 to participate in Convocation or follow the posted summer application deadlines if not participating.

Name as shown on University records _____		Student ID #: _____	
Last	First	Middle initial	
<u>*Please provide current contact information*</u>			
Permanent mailing address _____		Telephone No. _____	
Street	City	State	Zip
CU email address: _____		Other email address: _____	

**Degree:** \_\_\_\_\_ **Campus:** \_\_\_\_\_ **Concentration/Focus Area:** \_\_\_\_\_

**Please specify if you are pursuing a CSPH dual degree and which one:** \_\_\_\_\_

Term in which MPH degree requirements will be met (sem/yr) \_\_\_\_\_

REQUIRED: Completed "Apply for Graduation" application through UCD Access Student Portal for term above  
Y  N

Final Exam options (check one): MPH Project: \_\_\_\_\_ Publishable paper: \_\_\_\_\_

Are you pursuing a specialized certificate option within the CSPH? Y  N  (If yes, a Certificate Completion form must be submitted)

**Please complete, obtain advisor signature(s), and submit to CSPH Office of Academic Affairs for final review**

The admission of _____ to candidacy for the <b>Master of Public Health</b> degree		
Name of Candidate		
is recommended by the <b>Colorado School of Public Health</b> upon completion of the minimum requirements of 42 semester hours.		
_____ Student (type or print name)	_____ Student (signature)	_____ Date
_____ Faculty Advisor/Campus Director (print)	_____ Faculty Advisor/Campus Director (signature)	_____ Date



Year & Term: (Spring, Summer, Fall)	Title of Course	Course Number E.g. PUBH 6600	Number of Credit Hours	Instructor Name	Grade	Transfer Credit from an Outside Institution (Y/N)
			Total: ____			

Please Submit Completed MPH Application for Graduation form to:

CU Anschutz students: [ColoradoSPH.AcademicAffairs@cuanschutz.edu](mailto:ColoradoSPH.AcademicAffairs@cuanschutz.edu)

CSU students: Christina Pasana - [christina.pasana@colostate.edu](mailto:christina.pasana@colostate.edu)

UNC students: [ColoradoSPH.AcademicAffairs@cuanschutz.edu](mailto:ColoradoSPH.AcademicAffairs@cuanschutz.edu)

ColoradoSPH USE ONLY	
Diploma card completed	_____
Certificate Hours	_____
Non-Degree Hours	_____
Transfer Hours	_____
# of Home Campus Hours	_____
Total Hours toward degree	_____
Cum GPA	_____
Approved	_____