Global Health Institute
College of Public Health
UNIVERSITY OF GEORGIA

**Graduate Global Health Certificate
Final Plan of Study**

	Course Code	Course Name	Credits	Semester	Year
1					
2					
3					
4					
5					
6					
	Total				

I hereby submit this plan of study as my graduation certification for completing the graduate certificate in global health.

Student Name: _____ UGA ID _____

Student Signature: _____ Date: _____

Graduate Certificate Coordinator: _____

Coordinator Signature: _____ Date: _____

Graduation Certification Officer: _____ Date: _____

Please submit this form for graduation processing. The form must be turned in prior to finals of your final semester.