Application for Graduate Certificate in

Infectious Disease Epidemiology

All students who wish to earn the University of Georgia Certificate of Infectious Disease Epidemiology must complete this form.

Please submit to the departmental student coordinator:

Nichole Thomas, nthomas@uga.edu

**Student Information**

**Name UGA ID Number (81x) UGA Email Address**

**Main Degree\* Major Department**

\*If non-degree seeking, please state

Prerequisites

If you **have** previously taken EPID 7010 and BIOS 7010, please list semester/year taken and grade earned. If you **have not** previously taken EPID 7010 and/or BIOS 7010, explain how you have acquired the knowledge covered in these courses by other means (this will be reviewed by the certificate coordinator to ensure your knowledge is equivalent to what is covered in EPID/BIOS 7010):

[ ] I certify that of the time of this application, I am in good academic standing with the graduate school and my program of study. Should I lose my good standing and placed on warning or probation by either the graduate school or my academic program, I will inform the certificate coordinator promptly.

Program of Study

Please list the courses you already have taken or intend to take (include semester and year) that you want to use as requirements toward the Graduate Certificate of Infectious Disease Epidemiology. See the Infectious Disease Certificate Handbook for requirements. Please only list courses relevant for obtaining the certificate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course (Name and ID/Number)** | **Credits** | **Semester/Year taken** | **Grade** |
| EPID 8500, Infectious Disease Epidemiology | 3 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Anticipated Graduation Date (Semester/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you completed the program of study and are applying for the certificate, please check here.*

[ ] I certify that the information provided above is correct and that I checked the infectious disease certificate handbook and have ensured that I have fulfilled all requirements needed to be awarded the certificate. I understand that the certificate will be granted only to those students who will fulfill all requirements as described in the Infectious Disease Certificate handbook. I certify that I have completed the required program of study and want to apply for being awarded the certificate upon graduation.

**STUDENT’S SIGNATURE DATE**

*To be filled by the Infectious Disease Certificate coordinator*

I approve the proposed/completed program of study for the above-named student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of coordinator

*In lieu of a written signature, the certificate coordinator may approve by email response.*