



# Global Health Institute

*College of Public Health*

**UNIVERSITY OF GEORGIA**

## Undergraduate Global Health Certificate Final Plan of Study

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

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

Student Name: \_\_\_\_\_ UGA ID \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.*