



Global Health Institute

College of Public Health

UNIVERSITY OF GEORGIA

Graduate Global Health Certificate – Plan of Study

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

Acknowledgement of intent: I hereby submit this plan of study as a working document showing my intent on pursuing a graduate certificate in global health.

Student Name: _____ UGA ID _____

Student Signature: _____ Date: _____

Graduate Certificate Coordinator: _____

Coordinator Signature: _____ Date: _____

**Form must be completed upon admission to the certificate program.*