

Student Name: _____ UID: _____

Date _____ Degree Program: _____

Core Class Confirmation

Core Class	Semester completed	Grade	Verified <small>Office use only</small>
HLTH665: Health Behavior I			
HLSA 601: Introduction to health systems			
MIEH 600: Foundations of Environmental Health			
EPIB610: Foundations of Epidemiology			
EPIB 650: Biostatistics I			

Graduate Director: _____ Email: _____

Advisor: _____ Email: _____

CPH Voucher Approved _____ Date: _____
Office use only

Voucher code: _____
Office use only

Exam Completed: _____ Date: _____
Office use only