



# UNIVERSITY OF MARYLAND

## Intention to Complete Global Health Certificate

Student University ID Number (UID) \_\_\_\_\_

Last Name

First Name

Middle Initial

I, \_\_\_\_\_, intend to enroll in courses to fulfill the requirements of obtaining a Certificate in Global Health. I have informed my Advisor as well as my Graduate Director. I am aware of the certificate requirements, have discussed how the certificate requirements align with my graduate degree program (e.g., certificate courses that may count as electives, etc.), and know I must fulfill the certificate requirements prior to completion of my graduate degree.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Program Director or Advisor: Please sign to indicate that you have been informed of the form holder's intention to complete the courses required to obtain a Global Health Certificate.

\_\_\_\_\_  
Graduate Director (Print Name and Sign)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor (Print Name and Sign)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Global Health Program Director (Print Name and Sign)

\_\_\_\_\_  
Date

Please return this form to:

Business Manager, Maurice Rocque  
University of Maryland, Building 255, Room 2234HH  
College Park, Maryland 20742  
Email: mrocque@umd.edu