

# School of Public Health

## Completion of the Minor or Certificate in Global Public Health

**Instructions:** Please complete and email this form to [sphug@berkeley.edu](mailto:sphug@berkeley.edu) within two weeks of the start of your final course.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

SID# \_\_\_\_\_

Expected Graduation Term:      Fall                  Spring                  Summer                  Year: \_\_\_\_\_

Major \_\_\_\_\_ College or School \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Please list courses completed and/or currently in-progress for the Global Public Health Minor or Certificate. If a course is in-progress, please leave the grade section blank.

	Semester	Course	Units	Grade
1.				
2.				
3.				
4.				
5.				