

School of Public Health

Declaration of the Minor or Certificate in Global Public Health

Instructions: Please complete and email this form to sphug@berkeley.edu before you begin your coursework.

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.

| | Session/Semester | Course | Units | |
|----|------------------|--------|-------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |