APPLICATION: GRADUATE CERTIFICATE HEALTH COMMUNICATION

This program is open to students campus-wide but offered by the College of Journalism and Communications by the health communication graduate faculty. The health communication graduate certificate offers specialized training to enhance a student's primary professional research-oriented field or discipline. Submit this application before you complete requirements for the certificate. You must be admitted to the program prior to completing 50% of the requirements. Email the form to the certificate coordinator: carlalfisher@ufl.edu.

Name_____ UF ID#_____

Home Address _____Home Phone_____

City_____ State_____ Zip_____

Campus Mail Address_____

EMAIL Address_____

*If currently a student at UF, please complete the following:

Current Department and College_____

Final Degree You Expect_____ Expected Date of Graduation_____

Name of Departmental Advisor_____

Please describe your interests in the certificate and how it will enhance your scholarly and professional goals. Please also include any relevant background (academic and professional) as well as your previously completed degrees (list degree, field, institution that awarded the degree, date received).

COURSE PLAN FOR CERTIFICATE COMPLETION

Consult with your advisor and the certificate coordinator to develop a tentative course plan to complete the certificate. You will have an opportunity to change the program once you are accepted. It is your responsibility to ensure the courses you select to complete are listed as approved for the certificate or are pre-approved by the certificate coordinator. Students may take up to 1 methods course (3 credits) to count for the certificate (see approved methods courses on certificate overview document).

Course (Number, Title, Instructor)	**Planned Completion Semester**
1.	
2.	
3.	
4.	

Your Signature (electronic accepted)   Date

_____   _____

THIS SECTION FOR OFFICE USE ONLY

This student's program plan has been approved for certificate completion.

_____
Signature of Certificate Coordinator   **Date**