

GRADUATE CERTIFICATE IN HEALTH COMMUNICATION - COMPLETION FORM

This form must be completed and approved by the graduate certificate coordinator in the College of Journalism and Communications. If you are also in a degree program this must be completed and approved prior to your completion of the degree.

Name _____ UF ID# _____

Address _____ Phone _____

City _____ State _____ Zip code _____

EMAIL _____

Current Department and Major _____

Number of certificate credits completed _____ Date of Graduation _____

	Courses Completed	Semester and Year of Completion
1.		
2		
3.		
4.		

Your signature

Date

Primary advisor/mentor (print name and department):

Name: _____ Department: _____

THIS SECTION FOR OFFICE USE ONLY

This student has completed all requirements for the Graduate Certificate in Health Communication

Signature of Health Communication Graduate Coordinator

Date

THIS FORM MUST BE EMAILED TO THE CERTIFICATE COORDINATOR