

Graduate School of Biomedical Sciences

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Graduate Program in Public Health Petition to Complete Certificate Program

STUDENT INFORMATION	
Student Name (First, Middle Initial , Last)	Life Number:
Certificate Program (check one): ☐General Public Health ☐Global Health	th Outcomes Research
Address Information:	
Mailing/Forwarding Address:	Telephone Number: ☐ HOME ☐ CELL
	Non-Sinai email:
Instructions:	
Please complete and return to Ms. Rose Vallines, Administrative Assistant. CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1403 Fax 212-824-2327 The Petition to Complete Certificate Program Form must be submitted in order for Program Administration to review a student's eligibility to earn the Certificate. Students will not be awarded the certificate until all remaining requirements have been met. Submission of this form does not guarantee that a student is eligible to complete the Certificate Program.	
CERTIFICATE INFO:	
Full Name (as you want to appear on certificate): Please note - The ONLY changes that can be made to your name on the certificate are the inclusion or exclusion of middle names, or changing full names to initials. If you wish to change your last name or first name, you MUST produce legal name change documentation First Name Middle Name Last Name	
Target Certificate Completion Date (check one): ☐ September ☐ Januar	June June
Certificate Pick Up: Certificates can be picked up on campus when available or mailed, if you are not local.	
Would you like your certificate mailed to the address above? 🗖 Yes 🧖 No, I will pick it up in person 🗖 No, Please mail it to the address below	
STUDENT SIGNATURE	
	Date