



College of Public Health and Health Professions
Public Health Certificate Program Application



NAME: \_\_\_\_\_ UF ID#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Which type of Public Health Certificate do you wish to pursue?

General Plan of Study: Online \_\_\_\_\_ On Campus \_\_\_\_\_

Under which status do you plan to pursue the Public Health Certificate?

UF Graduate student:

Your degree program (Degree & Major): \_\_\_\_\_

Date of expected graduation: \_\_\_\_\_

Working Professional

Status at UF while completing certificate coursework:

Post-baccalaureate \_\_\_\_\_ Graduate student \_\_\_\_\_

Current work position, if applicable:

Job title: \_\_\_\_\_

Organization name: \_\_\_\_\_ Location: \_\_\_\_\_

How long at present position? \_\_\_\_\_

Please list your educational background:

Table with 3 columns: Institution, Years attended, Degree earned. Includes three rows for data entry.

Upper division undergraduate GPA: \_\_\_\_\_ Graduate GPA, if applicable: \_\_\_\_\_

Please attach the following:

- Certificate check-list
Post-baccalaureate application and application fee
Personal statement: one page letter of intent, stating your reasons for obtaining a Public Health certificate.
Transcripts (2 official transcripts from each school you attended)
Graduate students should receive written approval from their supervisory committee.
Optional: You are welcome to submit supplementary materials such as a resume and GRE scores.

Please submit this form and all materials to:
College of Public Health & Health Professions
Public Health Certificate Program
PO Box 100182
Gainesville, FL 32610-0182
Fax: 352-273-6199