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CERTIFICATE PROGRAM DECLARATION FORM

DATE: _____

Name: _____
Last First MI
RUID: _____ Graduation Date (fill in *year*): May ___October___ January ___

Permanent Address: _____

Certificate Programs* (please check all that apply):

___ Community Development (24 credits)

___ Real Estate (24 credits)

___Urban Planning (24 credits)

___Community Sustainability Certificate (18 credits)

___Long Term Care Administration** (24 credits)

___Public Health Education (15 credits)

___ Public Health Preparedness (15 credits)

___Addictions Prevention (15-18 credits)

Course exceptions:

_____

_____

_____

*Certificate programs do not replace minors.
**LTCA certificate program is open to public health majors only.

Certificates are awarded only with or subsequent to the awarding of a bachelor's degree.

Revised 1/20/12