

**PROGRAM IN GLOBAL HEALTH AFFAIRS  
CERTIFICATE OR CONCENTRATION  
PROGRAM STATEMENT**

Name: \_\_\_\_\_

Term Enrolled: \_\_\_\_\_

Year Enrolled: \_\_\_\_\_

Desired Degree: \_\_\_\_\_

**Circle One:**                      Certificate                                      Concentration

Projected Graduation Date: \_\_\_\_\_

**SUBSTANTIVE CORE**

Course #	Course Title	Term/Year	Credits
1) _____	_____	_____	_____
2) _____	_____	_____	_____

**METHODS AND PRACTICE CORE**

Course #	Course Title	Term/Year	Credits
1) <u>INTS 4483</u>	<u>Practical Applications in Global Health</u>	_____	_____
2) <u>INTS 4423</u>	<u>Health Data for Decision Making</u>	_____	_____

**ELECTIVE COURSES:**

Course #	Course Title	Term/Year	Credits
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**INTERNSHIP:**

Organization

Hours

Health/Paper Option

\_\_\_\_\_

Total Credit Hours \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_