

colorado school of public health

UNIVERSITY OF COLORADO
COLORADO STATE UNIVERSITY
UNIVERSITY OF NORTHERN COLORADO

MPH Application for Graduation

This application is to be completed by the student, recommended by the appropriate designated faculty, and submitted to the Office of Academic Affairs no later than the Monday following the add/drop deadline for the semester indicated below in which the student intends to graduate. **This application indicates the student's intent to have completed 42 credits and the specific requirements of the concentration as of the end of the semester/year indicated below in order to be eligible for graduation. It is understood that the requirements have not been completed at the time this application is signed and submitted and that verification of all requirements will be conducted prior to actual graduation and award of degrees. Summer Graduates:** Do not apply for spring graduation or follow the spring application deadlines in order to participate in Convocation if the degree requirements will not be met until August. Please apply for summer by the accelerated deadline of April 1 to participate in Convocation or follow the posted summer application deadlines if not participating.

Name as shown on University records _____		Student ID #: _____	
Last	First	Middle initial	
<u>*Please provide current contact information*</u>			
Permanent mailing address _____		Telephone No. _____	
Street	City	State	Zip
CU email address: _____		Other email address: _____	

Degree: _____ **Campus:** _____ **Concentration/Focus Area:** _____

Please specify if you are pursuing a CSPH dual degree and which one: _____

Term in which MPH degree requirements will be met (sem/yr) _____

REQUIRED: Completed "Apply for Graduation" application through UCD Access Student Portal for term above
Y N

Final Exam options (check one): MPH Project: _____ Publishable paper: _____

Are you pursuing a specialized certificate option within the CSPH? Y N (If yes, a Certificate Completion form must be submitted)

Please complete, obtain advisor signature(s), and submit to CSPH Office of Academic Affairs for final review

The admission of _____ to candidacy for the Master of Public Health degree		
Name of Candidate		
is recommended by the Colorado School of Public Health upon completion of the minimum requirements of 42 semester hours.		
_____	_____	_____
Student (type or print name)	Student (signature)	Date
_____	_____	_____
Faculty Advisor/Campus Director (print)	Faculty Advisor/Campus Director (signature)	Date

Year & Term: (Spring, Summer, Fall)	Title of Course	Course Number E.g. PUBH 6600	Number of Credit Hours	Instructor Name	Grade	Transfer Credit from an Outside Institution (Y/N)
			Total: ____			

Please Return Completed form to:
ColoradoSPH.AcademicAffairs@ucdenver.edu

Office of Academic Affairs
 Fitzsimons Bldg Room C3004

Campus Box B119
 13001 E 17th Pl
 Aurora, CO 80045
 303-724-8877

CSPH USE ONLY	
Diploma card completed	_____
Certificate Hours	_____
Non-Degree Hours	_____
Transfer Hours	_____
# of Home Campus Hours	_____
Total Hours toward degree	_____
Cum GPA	_____
Approved	_____