



SCHOOL OF MEDICINE

CASE WESTERN RESERVE UNIVERSITY

Center for Global Health and Diseases

Certificate Global Health Checklist

Date

Undergraduate

Graduate

Expected Graduation Date

Major/Department

Advisor

Last Name

First Name

Middle Initial

CWRU Student ID NO.

Courses taken to fulfill criteria:

Required

Required

Required

Department approved elective

List what you hope your future involvement will be in the area of global health:

Three horizontal lines for text entry.

Advisor Signature

Framework Program Coordinator Signature

The above named student is confirmed for the following graduate date MM/DD/YYYY

Registrar or Authorized Department Official Signature

Return completed form to: Center for Global Health & Disease Educational Coordinator, BRB 4th Floor, LC: 4983

Mailing Address: Center for Global Health and Diseases CWRU School of Medicine Biomedical Research Building 10900 Euclid Avenue LC: 4983 Cleveland, Ohio 44106

Visitors and Deliveries: Center for Global Health and Diseases Case Western Reserve University Biomedical Research Building 4th floor 2109 Adelbert Road West Administrative Offices Cleveland, Ohio 44106

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