

GRADUATE CERTIFICATE ENROLLMENT FORM
COMMUNITY HEALTH AND NUTRITION
TULANE SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Student's Name: _____

Student ID # _____ Student's Tulane Email Address: _____

Degree _____ Program _____

Department _____ Faculty Advisor _____

Graduate Certificate in Community Health and Nutrition Number of credits required: 15

Eligible Students: SPHTM students currently enrolled in a MPH, MSPH, MPH&TM or MHA degree. Students pursuing an MPH in the SBPS Nutrition concentration cannot apply the courses required for the certificate to the MPH degree. SBPS students must work closely with their advisor to avoid overlap between the concentration and certificate requirements.

Prerequisite Courses:

NONE

Required Courses for Completion of Certificate:

- SBPS 6610 Local Food Systems & Nutrition (2)
- SBPS 7220 Community Organization: Community Work for Social Justice (3)
- SBPS 6800 Community Training Methodologies (2)
- SBPS 6750 Population Nutrition Assessment (3)
- SBPS 6780 Nutrition in Low- and Middle-Income Countries (3)

AND one of the following electives to make a total of 15 credits: (indicate the selected course)

- SBPS 6770 Food and Nutrition Policy (3)
- SBPS 7010 Health Communication Theory and Practice (3)
- SBPS 6510 Essential Issues in MCH (3)

Student Signature _____ Date _____

Certificate Advisor: Diego Rose, PhD _____

Certificate Advisor Signature _____

Concentration Advisor signature _____

Send to Student Affairs and give a copy to the Program Managers in the student's home department and SBPS department.

**STUDENTS MUST NOTIFY STUDENT SERVICES AND SBPS (IN WRITING) IF
WITHDRAWING FROM THE CERTIFICATE PROGRAM**