



EMORY

ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH

Religion and Health Certificate  
Enrollment Form

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

Email: \_\_\_\_\_

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

Expected Year of RSPH Graduation: \_\_\_\_\_

- I am interested in having my name on the Religion and Public Health Collaborative listserv, which will notify me of events in the field of religion and health*
- I am interested in pursuing the Certificate in Religion and Health*
- I intend to complete the Certificate in Religion and Health*

\*\* The decision to enroll in the RSPH issued university certificate should be made no later than the course registration date for your final year fall courses (usually by April 1 in your first MPH year).

I understand that certificates are awarded simultaneously with the Rollins School of Public Health degree. The guidelines for certificate completion are located on the Religion and Public Health Collaborative website, <http://www.rphcemory.org/interdisciplinary-certificate-program>. I agree to inform the Religion and Health Certificate Advisor in writing if I wish to be removed from this program. In participating in this program, I agree to work with the Religion and Health Certificate Advisor towards the completion requirements as noted in the catalog.

Student Signature	Date
Religion and Health Certificate Advisor Signature	Date

