

CERTIFICATE ADVISING SHEET

Student: _____ UM ID: 790- _____ Advisor: _____

Meeting Dates: [___/___/___] [___/___/___] [___/___/___] [___/___/___] [___/___/___]

*Certificate Students are required to complete either 12 core credits **or** 9 core credits and 3 elective credits for a total of 12 credit hours.*

Courses	Semester & Year	Credit Hours	Grade	To be filled out during the student's advising meetings.		
				Advising Date	Advisor Initials	Student Initials

For the list of courses related to your specific Certificate program, please view your Certificate program website using this link:

<http://health.umt.edu/publichealth/graduate/certificates/default.php>