

MCH Epidemiology Certificate Interest Form

Name: _____

E-Mail: _____

Telephone #: (_____) _____

Year/Semester enrolled in MPH program: _____

Anticipated Completion Date: _____

Statement describing your interest in MCH:

MPH Courses completed to date (if any):

Please Attach a Copy of Your Resume and Submit to:
Karen Green (Box 324 or Room HWH 4W122)
601 Elmwood Avenue, Box 324
Rochester, NY 14642