GRADUATE CERTIFICATE ENROLLMENT FORM
MATERNAL AND CHILD HEALTH
TULANE SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Student’s Name ____________________________________________________________________________________________

Student ID # ____________________ Student Tulane Email Address: __________________________________________________

Degree __________________ Program _____________________________________________________________

Department __________________________ Faculty Advisor _________________________________

Graduate Certificate in Maternal and Child Health Number of Credits Require: 15

Eligible Students: SPHTM students currently enrolled in an MPH, MSPH, MPH&TM or MHA degree. Students pursuing the MPH in Maternal and Child Health are not eligible. Students in other GCHB concentrations may not apply courses required for the certificate to their MPH degree.

Requisite Courses:
NONE

Required Courses for Completion of Certificate:
GCHB 6510 Essential Issues in Maternal & Child Health (3)
GCBH 6490 Key Policies and Programs in Maternal & Child Health (3)
GCHB 7250 Evidence-Based Methods in Social & Behavioral Sciences (3)
GCHB 7510 Maternal & Child Health: The Life Course Perspective (3)

The final course can be selected from the following 3 credit courses:
GCHB 6360 Sexual Health: A Public Health Perspective (3)
GCHB 6420 Best Practices in Women’s Health (3)
GCHB 6460 Child Health & Development (3)
GCHB 6500 Violence as a Public Health Problem (3)
GCHB 6760 Programs for Health & Nutrition of Women & Children in Resource-Poor Countries (3)
GCHB 7020 Communications Research for Family Planning & Health (3)
GCHB 7210 Survey Data Analysis in Family Planning & Reproductive Health Research (3)

Student Signature __________________________________________ Date ____________________________

Certificate Advisor ____________________________________________________________________________________________

Certificate Advisor Signature ______________________________________________________________________________________

Program Advisor Signature _______________________________________________________________________________________

Send to Office of Student Affairs
Give a copy to the academic administrators in home and certificate departments