Verification of Enrollment for McWilliams School of Biomedical Informatics and UTHealth San Antonio

Date:

Student's Name:

McWilliams Certificate Admission Semester & Year:

Please select a concentration focus area of interest for the Graduate Certificate program at McWilliams School of Biomedical Informatics:

      Biomedical Informatics Certificate
      Applied Biomedical Informatics
      Public Health Informatics
      Health Data Science

The student listed above:

___ Is currently enrolled in the UTHealth San Antonio Graduate School of Biomedical Sciences and School of Health Professions in the Doctor of Philosophy in Health Sciences Program (PhDHS) and has been approved for the 15 SCH of concentration specific course work in informatics.

Students will receive their certificate after successful completion of the designated degree plan.

Approved   Denied

_____   _____   _____

UTHealth SA Designee Print Name   UTHealth SA Designee Signature   Date

Please submit this completed and signed form with your application in the "Documents" section.

**Form should be signed by personnel in the Health Sciences department. **