



**Name:**

**Semester of Entry:**

**Program Requirements: Advanced Certificate in Climate Change and Planetary Health**

**Required Courses (15 credits)**

<b>Term Planned</b>	<b>Term Completed</b>	<b>Grade Earned</b>	<b>Course#</b>	<b>Course Title</b>	<b>Credits</b>
_____	_____	_____	EOHS 5200	Issues in Environmental Health	3
_____	_____	_____	EOHS 5315	Building Climate Resiliency: Mitigation and Adaptation Strategies	3
_____	_____	_____	EOHS 5316	Climate Change and Health	3
_____	_____	_____	EPID 5317	Disaster Preparedness and Vulnerable Populations	3
_____	_____	_____	EOHS 5318	Planetary Health	3

**Anticipated Date of Graduation (Circle Month):** May August December **YEAR:** \_\_\_\_\_

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the Advanced Certificate in Public Health from the State University of New York Downstate Medical Center. The academic policies regarding other components of the degree are published in the SUNY DMC **Student Handbook** and the **SPH Supplemental Student Handbook**, and should be reviewed to ensure my academic success.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Advisor

\_\_\_\_\_  
Date