

Confirmation of Program Option and Concentration

For MPH program only

Submit form by email to grad.med@uottawa.ca

Student identification

FIRST NAME

LAST NAME

STUDENT NUMBER

FIRST TERM OF ENROLMENT (YYYY-MM)

Confirmation of Program Option

- Public Health (MPH)
- Public Health + (MPH+)

Confirmation of Concentration

- Global Health
- Public Health Policy
- Public Health Practice

Signature

By signing, I hereby agree that it is my responsibility to enrol to courses that meets my program requirements.

SIGNATURE (Student)

DATE (DD-MM-YYYY)

MED-STREAM MPH EN 3/2023