***Student Contact Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Current Email Address |  |
| Degree |  | Post-Grad Email Address  |  |
|  Department |  | Month /Year Entered HSPH |  |
| Harvard ID |  | Graduation Date |  |

***MCH Seminar– required for at least one year***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number | Course Title | Credits | Year Taken | GradeP/F | Confirmed(for official use only) |
| **SBS360** | **MCH/CYF Seminar** | **1.26** |  |  |  |

***MCH Programs and Policies* OR *Global Maternal, Newborn, & Child Health– one is required***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number | Course Title | Credits | Semester andYear Taken | Grade | Confirmed(for official use only) |
| **SBS246** | **MCH Programs and Policies** | **2.50** |  |  |  |
| **SBS216** | **Global Maternal, Newborn, and Child Health** | **2.50** |  |  |  |

***MCH Courses taken for ordinal grade***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number | Course Title | Credits | Semester andYear Taken | Grade | Confirmed(for official use only) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Credits: |  |  |  |  |

***MCH Courses taken Pass/Fail or Audit***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number | Course Title | Credits | Semester andYear Taken | GradeP/F orAudit | Confirmed(for official use only) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Total Credits |  |  |  |  |

To comply with our training grant, we are required to reach out to you with a short survey 2, 5, and 10 years after you graduate. Please provide below the contact information of one person who would know how to reach you.

|  |  |
| --- | --- |
| **Additional Contact Name, Number/Email** **(Friend, family member, etc.)**   |  |

**For Official Use Only: Approved Not approved**