



UCLA
CENTER FOR
**GLOBAL AND
IMMIGRANT HEALTH**

Global Health Certificate Lecture Form

Name: _____
First *Last*

Email address: _____

Anticipated Certificate Quarter and Year: _____

Directions:

Please take this form to the global health lecture of your choice and ask the lecture coordinator/ faculty member to sign for you. Remember to keep your tracking sheets and submit them electronically with your application for the global health certificate when you have completed all the requirements. If there are any questions, please email globalhealth@ph.ucla.edu

To Be Completed By The Student:

Lecture Title _____

Speaker _____

Date _____

Sponsoring
Department _____

To Be Completed By The Presenter/Coordinator:

Did the student above attend your (your department's) lecture? If so please sign this attendance sheet below.

Signature of lecture coordinator or presenter _____

Full Name: _____

Email address: _____