

# Pitt Public Health Certificate in Teaching Excellence ENROLLMENT FORM

---

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Rank: \_\_\_\_\_

Office Address: \_\_\_\_\_

Pitt e-mail address: \_\_\_\_\_

Start date: \_\_\_\_\_

*(Note: certificate should be completed within two years of start date.)*

Extension Period—If this a request for a one year extension period to your previous application please place your initials on line below and the date.

\_\_\_\_\_

*initials*

*date*

**Submit completed form to:**

Robin A. Leaf, MEd

Educational Programs Coordinator

Office of Student Affairs | 114 Parran Hall

ral9@pitt.edu | PHONE: 648-5984