

Nutrition Certificate Completion Form

_____ has successfully completed all requirements for the
Nutrition Certificate.

Student Name

Field Experience:

<i>Explain in the space provided how your HLTH 688R Field Experience was considered a nutrition experience.</i>

Coursework:

	<i>List the course(s) and title of the nutrition restricted elective course(s) completed (3 credits):</i>	Credits
1.		
2.		
3.		

Signatures:

	Signature	Date
Faculty Advisor		
Certificate Lead		
Department Approval		

Submit this completed form to the Graduate Program Manager in the MPH Office - 3004 LSB or to mph@byu.edu.

Certificate Lead: Dr. Lori Spruance