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