

# Confirmation of Program Option and Stream

For MPH program only

Submit form by email to [grad.med@uottawa.ca](mailto:grad.med@uottawa.ca)

## Student identification

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
STUDENT NUMBER

\_\_\_\_\_  
FIRST TERM OF ENROLMENT (YYYY-MM)

## Confirmation of Program Option

- Public Health (MPH)
- Public Health + (MPH+)

## Confirmation of Stream

- Global Health
- Public Health Policy
- Public Health Practice
- Population Health Risk Assessment

## Signature

By signing, I hereby agree that it is my responsibility to enrol to courses that meets my program requirements.

\_\_\_\_\_  
SIGNATURE (Student)

\_\_\_\_\_  
DATE (DD-MM-YYYY)

MED-STREAM MPH EN 4/2022