

Health Information Management Graduate Certificate Declaration Enrollment/Withdrawal

Name: _____ People Soft ID: _____
PITT Email: _____ Department: _____
Major: _____ Cumulative GPA: _____

Certificate(s) I wish to **Enroll** in:

- Health Data Analytics (HDA-ACG/HDA-TR)
- Online - Health Data Analytics (HDA-ACG/OHDA-TR)

- Health Information Cybersecurity (HIC-ACG/HIC-TR)
- Online - Health Information Cybersecurity (HIC-ACG/OHIC-TR)

- Revenue Cycle Management (RCM-ACG/RCM-TR)
- Online - Revenue Cycle Management (RCM-ACG/ORCM-TR)

- Leadership in Health Informatics (LHI-ACG/LHI-TR)
- Online - Leadership in Health Informatics (LHI-ACG/OLHI-TR)

I have read and understood the requirements of the Certificate in which I wish to enroll.

Student Signature: _____ Date: _____

HI Advisor Signature: _____ Date: _____

Certificate(s) I wish to **Withdraw** from:

- Health Data Analytics (HDA-ACG/HDA-TR)
- Online - Health Data Analytics (HDA-ACG/OHDA-TR)

- Health Information Cybersecurity (HIC-ACG/HIC-TR)
- Online - Health Information Cybersecurity (HIC-ACG/OHIC-TR)

- Revenue Cycle Management (RCM-ACG/RCM-TR)
- Online - Revenue Cycle Management (RCM-ACG/ORCM-TR)

- Leadership in Health Informatics (LHI-ACG/LHI-TR)
- Online - Leadership in Health Informatics (LHI-ACG/OLHI-TR)

Student Signature: _____ Date: _____

HI Advisor Signature: _____ Date: _____

For Student Services Use Only:

Enroll by: _____ Date: _____

Withdrew by: _____ Date: _____