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: ________
Withdrawn by: __________ Date: ________