



## Public Health Registration Permission

I, \_\_\_\_\_, give permission to the Baldwin Wallace University  
(print name)  
Office of Registration and Records to automatically register me for all of my graduate Public Health  
courses for the following terms:

**Year 1: 2020-21**

- Fall 2020
- Spring 2021
- Summer 2021

**Year 2: 2021-22**

- Fall 2021
- Spring 2022
- Summer 2022

**Year 3: 2022-23**

- Fall 2022
- Spring 2023
- Summer 2023

By signing this I agree to all policies of Baldwin Wallace University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign this form and return promptly to Rosie Jovic, MPH program, [rjovic@bw.edu](mailto:rjovic@bw.edu).*

Office of Registration & Records • 275 Eastland Road • Berea, OH 44017-2088 •  
[webregis@bw.edu](mailto:webregis@bw.edu)