



## 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 my graduate Public Health courses for the following terms:

Year 1: 2021-2022

- Fall 2022
- Fall 2022
- Summer 2022

Year 2: 2022-23

- Fall 2022
- Fall 2023
- Summer 2023

Year 3: 2023-24

- Fall 2023
- Fall 2024

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)