



Public Health Registration Permission

I, _____, give permission to the Baldwin Wallace University (print name) Office of Registration and Records to automatically register me for my graduate Public Health courses for the fall semester of 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