

# Certificate in Biomedical Data Science (CBDS) Program Certification Request Form

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**Student Name:** \_\_\_\_\_

**Graduation Semester:**  Fall  Spring

**Year:** \_\_\_\_\_

*(Double Click on Box & Mark "Checked")*

**Regular UTHSA Graduate Student:**  Yes  No

If yes, graduate program/track \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**Date admitted to CBDS Program:** \_\_\_\_\_

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## Courses completed towards a Certificate in Biomedical Data Science

Course ID Number	Course Title	Course Semester Credit Hours (SCH)	Yr/semester completed

Signature confirms course information above:

Approved for Submission to MSCI-TS COGS for  
Graduation Recommendation:

\_\_\_\_\_  
Academic Programs Coordinator (Date)

\_\_\_\_\_  
CBDS Program Director (Date)