

**Declaration of Intent to Complete the
Mental Health Certificate**

(Please type or print all information.)

Last Name

First Name

Middle Initial

PeopleSoft ID #

Date Completing Form

Local Mailing Address: _____

Street (Apt. #)

City

State

Zip Code

Hm. Phone: _____

E-mail Address: _____

Wk. Phone: _____

Cell Phone: _____

Anticipated Graduation Date: _____

Which category applies to you? *(Please check one)*

- Regular MSW, Full time
- Regular MSW, Part time
- Advanced Standing MSW, Full time
- Advanced Standing MSW, Part time

Student Signature

Date

This form declares your intent to complete the Mental Health Certificate Requirements. You agree to satisfy both the Direct Practice curriculum and the Mental Health Certificate requirements. Students in certificate programs must follow the required concentration courses and skill electives as well as an approved concentration field placement in order to fulfill all requirements. Information regarding the course of study for Direct Practice students and the specific requirements for all certificate programs is available in the MSW Student Handbook: <http://www.socialwork.pitt.edu/academics/master-social-work-msw>