

**Application to the  
Certificate Program in the  
Conceptual Foundations of Medicine**

Return to:  
History and Philosophy of Science  
University of Pittsburgh  
1017 Cathedral of Learning  
Pittsburgh, PA 15260

**PRINT OR TYPE ALL ENTRIES**

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**Name:**

**Date:**

**Major/s:**

**Student ID#:**

**E-mail:**

**Present Mailing Address:  
Address:**

**Permanent Mailing**

**Phone Number:**

List post high school academic work (other than the University of Pittsburgh) including the location, your major, and the degree earned.

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**Your Certificate for the [Conceptual Foundations of Medicine Program](#) (Dietrich School of Arts and Sciences Undergraduate Studies) will be sent to you once you met all of your requirements.**

Arts and Sciences Undergraduate School students who are applying for graduation must go to 140 Thackeray Hall and indicate that you are a candidate for the [Conceptual Foundation of Medicine Certificate](#). Use the "CFMED" plan code on your registration form. "This will ensure proper credit on your final University of Pittsburgh transcript.

**Non-School of Arts and Sciences Undergraduate students** must go to 140 Thackeray Hall to fill out a graduation package **two** semesters prior to graduation. You must indicate that you are a candidate for the [CFM Certificate](#). Use the "CFMED" plan code so it will ensure proper credit on your final University of Pittsburgh transcript. You must **abide** by the School of Arts and Sciences graduation application **deadlines!** If this process is not completed in a timely matter, a processing fee will be assessed by the Registrar.

Your ***Conceptual Foundations of Medicine Certificate*** will be mailed out to you once we receive your final University of Pittsburgh transcript. Please contact the Transcript Department at 412-624-7635 and ask them to release your final transcript to the HPS Department, 1017 Cathedral of Learning. Once we receive it your ***CFM Certificate*** will be sent to your permanent address listed on the official Conceptual Foundation of Medicine Certificate Program application. Thank you!

**Indicate the nature of your interest in the program's studies.**

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