

**UNIVERSITY OF SOUTHERN MAINE
COLLEGE OF NURSING AND HEALTH PROFESSIONS**

**FOUNDATIONS OF HOLISTIC HEALTH CERTIFICATE
DECLARATION OF INTENT**

TODAY'S DATE: _____

With this form I am declaring my intent to pursue courses leading to completion of the Holistic Health Certificate.

STUDENTS' NAME (PLEASE PRINT): _____

Mailing address : _____

Email address: _____

Phone number: _____ - _____ - _____

Major (if matriculated student): _____

Academic advisor (if matriculated student): _____

Effective date: Fall 20____
 Spring 20____
 Summer 20____

Student signature: _____

Certificate coordinator's signature: _____
(Corinne Martin, Instructor, Holistic Health)

Please submit this form to Brenda Webster, Coordinator of Nursing Student Services, 122 Masterton Hall, Portland Campus, USM. She may be contacted at 780- 4802

