



# SOCIETY FOR PUBLIC HEALTH EDUCATION

*Global Leadership for Health Education & Health Promotion*

## SOPHE Collegiate Champion Program

### Faculty Sponsorship Form

#### Faculty Sponsor

Faculty Name: \_\_\_\_\_

Academic Institution: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Faculty Sponsor signature Date

#### Collegiate Champions

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

Academic Level (check one):  Undergraduate  Masters  Doctorate

Academic Status (check one):  Full-time  Part-time

Student is currently in good academic standing – 3.0 minimum GPA:  yes  no

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

Academic Level (check one):  Undergraduate  Masters  Doctorate

Academic Status (check one):  Full-time  Part-time

Student is currently in good academic standing – 3.0 minimum GPA:  yes  no

Thank you for your support of this student.