This form is interactive. Please complete the fields below. When done, you may click the Print button to make a paper copy.

GRADUATE STUDENT:
Please fill out the form and return it to Public Health. Course approval must have Faculty Advisor signature prior to submission. If your request is disapproved, you will be notified of the results via email.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>Middle Initial</th>
<th>Student ID Number</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Status:
☐ Full-Time
☐ Part-Time

I Request to:

☐ 1) Submit a Course for Approval to Meet a Degree Requirement (attach syllabus)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Degree Requirement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Faculty Advisor Name __________________________ Signature ______________________________ Date ______________

☐ 2) Apply PH 299 units towards an elective course (Please attach graded PH 299 final paper)

Instructor Name__________________ No. of Quarters Enrolled to Date _______ Project Start/End Dates (mm/yy) ______________

☐ 3) Enroll in Excess Units (More than 16 units) No. of excess units requested ______ Quarter _________ Year _________

Approval requires student to be in good academic standing. New students may petition, but by signing this form, understand that approval of enrollment in excess units in the following quarter will be contingent on first quarter grades. If approved, WebReg will be updated to allow student to enroll in excess units. WebReg permission to enroll in excess units must be entered each quarter.

Reason for requesting excess units: ______________________________________________________________________________
                                                                                       __________________________________________________________________________________________

Faculty Advisor Name __________________________ Signature ______________________________ Date ______________

☐ 4) Switch Emphases Current Emphasis _________ Proposed Emphasis ________ Effective Quarter (F/W/S)/Year __________

► STUDENT SIGNATURE __________________________ Date _________________________

OFFICE USE ONLY            Entered by ______ Date_______________

Notes:____________________________________________________________________________________________
                                                                                       __________________________________________________________________________________________

☐ Approved ☐ Not Approved    Graduate Advisor __________________________ Date____________________