Only Public Health MAJORS may apply PH 199 for a one time Topic Area Course Substitution

STUDENT:

Name:________________________________ SID#__________ Email_____________@uci.edu

Total Number of PH-199 units completed:_________ Quarter(s)__________________________

Faculty/Supervisor’s name (Print):_________________________________________________

Title of research project and rationale for petition:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Presentations, Publications and/or Awards resulting from the research:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

☐ Attach detailed report of the research project.

☐ Attach a letter of recommendation from the faculty/supervisor, describing your role/participation in the research project. The research must be at least 4 units (one course)

Student’s Signature________________________________________Date:________________

FACULTY:

It is the opinion of faculty members who have supervised, mentored, or reviewed the research conducted by (student) _____________________________ that it substantively contributes to their undergraduate education.

Faculty/Supervisor’s Name (Print)________________________________________________

Faculty/Supervisor’s Signature________________________________________ Units____Date:_____________

Chair/Dean’s Signature________________________________________Date:_____________

1/6/2012