Public Health 199 ONE-TIME Topic Area Course substitution:

STUDENT:
Name: ___________________________________________ SID#_________________ Email____________________@uci.edu

PH 199 must be at least a single four (4) unit course: __________ units; Quarter: ________________________

Faculty/Supervisor’s name (Print): ________________________________________________________________

Title of research project and rationale for petition:
_____________________________________________________________________________________
_____________________________________________________________________________________

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

TOPIC AREA in Public Health: ______________________________________________________________

• Attach detailed report of the research project.

• Attach a sealed 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:____________________

STUDENT AFFAIRS OFFICE ONLY

☐ Approved
☐ Deny

Received by Student Affairs Office:_________________________________________ Date:____________________

Undergraduate Student Affairs Counselor:_________________________________________ Date:____________________

Faculty/Chair Signature:_________________________________________ Date:____________________