Program in Public Health
Undergraduate Study Abroad Petition

To submit a Public Health course waiver petition, you must attach all required paperwork and submit in person to the Public Health Student Affairs Office. If you are unable to locate the syllabus, contact the Study Abroad office for assistance. Lower division courses may only be substituted for lower-division courses and the same rule applies for upper-division courses. For EAP Courses, students should check the EAP course catalog at www.eap.ucop.edu for a list of previously reviewed courses to see what level the course has been deemed by the UC. Official transcripts must already be on file with the Admissions office. Courses from other departments other than Public Health must be submitted directly to that department.

Petitions may take up to 4 weeks to review and you will be notified via your UCI email.

Student Name: __________________________________________________ SID#: ______________
Major: ___________Cell Phone: (_____)_____________________ Email: _______________________@ UCI.edu

I. PUBLIC HEALTH Course To Be Waived (UCI Course - One Course Per Petition)
Course Title & Course Number: _________________________________(Ex. PH-1)
Department: _________________________________ Units: __________

II. COURSE SUBSTITUTION (Course Completed)
Course Title: _________________________________ Department: _________________________________
College/University Completed: _________________________________
Units: _______ Grade Received: _______ □ Sem □ Qtr Term Taken /Or To Be Taken: __________

III. Is this course EAP or IOP? __________________________

IV. For EAP Students: Is this course listed on the EAP Public Course Catalog? __________________________

V. IF APPROVED, INDICATE WHERE THE COURSE WILL APPLY IN DEGREEWORKS: __________________________

VI. DOCUMENTATION: The following must be attached
a. Include course description from both the outside institution & UCI catalog.
b. Include syllabus from completed course (DO NOT SUBMIT ORIGINALS, copy on one side only)
c. Include your NAME & UCI Student ID # on all documents.

Student Signature: __________________________ Date: __________________________

STUDENT AFFAIRS OFFICE ONLY: [ ] Approved [ ] Denied
Received & Recorded by Student Affairs Office: __________________________ Date: __________________________
Undergraduate Affairs/Director: __________________________ Date: __________________________

Public Health Student Affairs Office
AIRB, Suite 2010, 2nd Floor
653 E. Peltason
Irvine, CA 92697
PHONE (949) 824-2358 FAX (949) 824-2039
8/15/2014