Undergraduate Course Waiver Petition

To submit a course waiver petition, you must attach all required paperwork and submit the packet in person to the Public Health Student Affairs Office. We must have the syllabus for review, consequently if you are unable to locate the syllabus, contact the professor before submission. Lower division courses may only be substituted for lower-division courses and the same rule applies for upper-division courses. Writing Courses must be submitted to HIB 420 directly on the Writing Petition. BIO Courses must be submitted online to: http://www.bio.uci.edu/students/undergraduates/course-equivalency-petition/.

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

Student Name: ___________________________ SID#: ___________________________
Major: __________________ Cell Phone: (___) ___________ Email: ____________________@ UCI.edu

I. PUBLIC HEALTH Course To BeWaived (UCI PH 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. IF APPROVED, INDICATE WHERE THE COURSE WILL APPLY IN DEGREEWORKS:

IV. 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: ________________
Faculty/Chair Signature: ___________________________ Date: ________________