Only Public Health MAJORS may apply PH 194 A, B & C for a One-Time Topic Area Course Substitution

STUDENT:

Name: __________________________ SID# ____________ Email _______________ @uci.edu

Quarters in which PH-194 A and 194-B were completed: ____________________________

Total Number of PH-194C quarters completed: __________ Quarter(s) _______________________

Faculty/Supervisor’s name (Print): _________________________________________________

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

TOPIC AREA in PUBLIC HEALTH Requested: _________________________________________

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

☐ 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 member(s) who have supervised the research conducted by (student) ___________________________________________ substantively contributes to 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: ________________