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:
____________________________________________________________________
____________________________________________________________________

TOPIC AREA in PUBLIC HEALTH Requested: ____________________________

☐ 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: __________________

6/7/13