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:_____________________

STUDENT AFFAIRS OFFICE ONLY

Approved Deny

Received by Student Affairs Office: _____________________________________________________ Date:_____________________

Undergraduate Student Affairs Counselor: ______________________________________________ Date:_____________________

Faculty/Chair Signature: ____________________________________________________________________ Date:_____________________

STUDENT AFFAIRS OFFICE ONLY

Approved Deny

Received by Student Affairs Office: _____________________________________________________ Date:_____________________

Undergraduate Student Affairs Counselor: ______________________________________________ Date:_____________________

Faculty/Chair Signature: ____________________________________________________________________ Date:_____________________