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. CCC courses are articulated on assist.org. 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.

Student Name: _______________________________ SID#: _______________________________
Major: ___________________ Cell Phone: (____)__________________ Email: ___________________________@ UCI.edu

I. PUBLIC HEALTH Course To Be Waived (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: _______________

Public Health Student Affairs Office
AIRB, Suite 2010, 2nd Floor
653 E. Peltason
Irvine, CA 92697
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