

## **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: \_\_\_\_\_