

UCI Program in Public Health

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: _____