199 ONE-TIME Topic Area Course substitution:

STUDENT:
Name: ___________________________________ SID# ___________ Email ____________________@uci.edu

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
- 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. The faculty/supervisor confirms the detailed report is accurate and a reflection of the research that
is being conducted.

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: