

REQUEST TO EXCEED 16 CREDIT HOURS
DEPARTMENT OF HEALTH POLICY AND ADMINISTRATION
SCHOOL OF PUBLIC HEALTH

To: The Graduate School
CB#4010, Bynum Hall
University of North Carolina
Chapel Hill, North Carolina

Date:

Student's Name:

Student's PID #:

Term:	Fall	Spring	Year:
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Degree Program:

MPH MSPH MHA PhD DrPH

<p>Credit Hour Limit Requested:</p> <p>Reason for Request:</p>
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Student's Signature

Approved by:

Student's Advisor

Chair
Dept. of Health Policy and Administration

Associate Dean, The Graduate School