

SCHOOL OF PUBLIC HEALTH
CORE COURSE SUBSTITUTION FORM

Student's Name	PID#	Major Department
----------------	------	------------------

Core Course To Be Substituted For: _____

Basis for Substitution (please check one below):

_____ **Equivalent Course** (request must include: course description and/or syllabus; copy of transcript; copy of table of contents of textbook used, if any)

Title of Course: _____

Institution: _____

_____ **Equivalent Experience** (attach detailed description of experience, including relevant titles, institutions/organizations, and dates)

_____ **Qualifying Examination** (this option is available at the instructor's discretion)

REQUIRED SIGNATURES

DATE

_____	_____
Major Advisor	

_____	_____
Core Course Instructor	

_____	_____
Peggy Leatt, PhD	
Associate Dean for Academic Affairs	

Original copy to be retained by major department in student's file; and one copy to the Office of Student Affairs.