

Center for the Study of Human Health
Petition for Course Substitution or Exception

Name: _____ ID #: _____

Email: _____

Select the appropriate program:

- | | |
|---|---|
| <input type="checkbox"/> Human Health major | <input type="checkbox"/> Global Health Culture and Society (GHCS) minor |
| <input type="checkbox"/> Other major: _____ | <input type="checkbox"/> Nutrition Science minor |
| | <input type="checkbox"/> Predictive Health minor |

Required course: *(If elective, write "elective")* _____

Course to be substituted: *(Include course number)* _____

Reason for request:

Describe the applicable health component of requested course:

Attach syllabus of the requested course. If applicable, attach other supporting materials including tests, papers, or assignments that substantiate the relevant health component.

Submit completed form to the Academic Degree Coordinator in the CSHH Office (Candler Library 107).

Student signature: _____ Date: _____

To be completed by CSHH DUS:

- Approved
- Denied – Reason: _____

Signature: _____ Date: _____