# Course Equivalency Request Form

**Requested by:** ____________________________________  
______-______

**Student Name**

**Student ID Number**

**Circle Program:** MPH Cert EOH PhD CBHP PhD Other (List) _____________

**Date:** ______________  
**Preferred Contact Method:** __________________________

**Contact Information:** _______________________________

**Approval Requested For:**

- **Course Title:** __________________________
- **College or University Where You Completed Course:** __________________________
- **Desired Equivalency For:** __________________________
- **UWM Course Title OR Course Type (i.e. "Built Environment Elective" or "Methods Choice"):** __________________________

**Semester and Year in which course was completed:** ______________

☐ Reviewed by Faculty Advisor  
Date: ______________

Print Name  
Recommend approval: ☐ Yes ☐ No  
Signature

☐ Reviewed by Course Instructor  
*(Not necessary for track and elective courses)*

Date: ______________

Print Name  
Recommend approval: ☐ Yes ☐ No  
Signature  
*Only one is necessary. Read instructions.*

☐ Program Track/Faculty Lead  
*(Not necessary for common core/required courses)*

Date: ______________

Print Name  
Recommend approval: ☐ Yes ☐ No  
Signature

☐ Graduate Program Representative

Date: ______________

Authorized Representative Name  
Signature  

Approved: ☐ Yes ☐ No

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**Student:** Fill out **upper portion**, attach **current course syllabus**, and your official **letter of request**.  
**Obtain Faculty Advisor signature** and Return to 5th Floor Reception, Attn: Student Services.  
ZSPH building, 1240 N. 10th St., Milwaukee, WI 53205