

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 _____
Signature

Recommend approval: Yes No

Reviewed by Course Instructor
(Not necessary for track and elective courses) Date: _____

Print Name _____
Signature

Recommend approval: Yes No

*Only one is necessary.
 Read instructions.*

Program Track/Faculty Lead
(Not necessary for common core/required courses) Date: _____

Print Name _____
Signature

Recommend approval: Yes No

Graduate Program Representative Date: _____

Authorized Representative Name _____
Signature

Approved: Yes No

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