

PhD Course Equivalency Approval Form

Part One: To be filled out by **Student***

Date: _____

Requested by: _____
Student Name (Print)

_____-_____
Student ID Number

PhD Program (check one): ___ Biostat ___ CBHP ___ EHS ___ EPI

Semester/Year of course enrollment: _____

Approval Requested For:

Course Title

College or University Where You Completed Course

(If already completed) List Grade

Desired Equivalency For:

UWM Course Title - OR - Category (i.e. "Built Environment "S"Elective" or "Methods "S"Elective")

Part Two: To be filled out by **Course Instructor**

Date: _____

Name (Print)

Signature

Assessed percentage of course equivalency: _____%

Comments: (If the instructor's equivalency assessment is less than 80%, please describe missing course objectives and competencies)

Part Three: To be filled out by **Faculty Advisor**

Date: _____

Name (Print)

Signature

Final approval: Yes No

Comments: (If the instructor's equivalency assessment is less than 80%, and the advisor chooses to approve equivalency, the advisor should provide a plan for the student to meet the missing course objectives and competencies.)

Part Four: To be filled out by **Graduate Program Manager**

Date: _____

Name (Print)

Signature

*Attach course syllabus