**Course Substitution Policy **

Alternative courses covering the same content may be substituted for required courses if a student demonstrates that he or she has completed comparable academic coursework.

The process is as follows:

1. The student fills out all pertinent information on the Course Substitution Request Form (page 2).
2. The student submits a syllabus of the course proposed as a substitute, along with the Course Substitution Request Form, to the course director of the public health course. If the student does not know who the course director is, he/she can check in with his/her public health academic advisor to find this information out.
3. The course director will assess the syllabus for comparability to the required course. If the courses are deemed equivalent by the course director, then the course substitution will be approved and the Course Substitution Request Form will be signed by the course director.
4. The Course Substitution Request Form, complete with all required signatures and attached syllabus, must be returned to:

**Public Health Academic Advisor**

Office of Student Services & Alumni Affairs | Drachman Hall, Room A302

1295 N. Martin / PO Box 245033 | Tucson, Arizona 85724

Please note that the Course Substitution is NOT the same as transfer of course for use toward degree requirements. Students are responsible for filing the necessary official transcript for evaluation by the University.

**Course Substitution Request Form**

Please complete the following form, obtain original signatures, and submit to:

**Public Health Academic Advisor**

Office of Student Services & Alumni Affairs | Drachman Hall, Room A302

1295 N. Martin / PO Box 245033 | Tucson, Arizona 85724

|  |  |  |
| --- | --- | --- |
| **Student Name** | | **Date** |
|  | |  |
| **Academic Program** | | |
| **Bachelor of Science with a major in Public Health** | | |
| **I wish to request that the following course:** | | |
| **Course #** | **Course Name** | |
|  |  | |
| **Institution** | | |
|  | | |
| **Be substituted for the required College of Public Health course:** | | |
| **Course #** | **Course Name** | |
|  |  | |
| **Briefly describe why you feel this substitution is appropriate. A syllabus (with the schedule of course activities) of the course you would like to use as a substitution MUST accompany this request.** | | |
|  | | |
| **MEZCOPH Course Director** | | |
|  | | |
| **MEZCOPH Course Director Signature** | | **Date** |
|  | |  |
| **Approval** | | |
| I agree with the appropriateness of this substitution  I disagree with the appropriateness of this substitution (provide explanation in comment box below) | | |
| **Course Director Comments** | | |
|  | | |
| **Academic Advisor Signature** | | **Date** |
|  | |  |