



University of Michigan School of Public Health

Office of Academic Affairs: Registrar's Office

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EXEMPTION/SUBSTITUTION FORM

Student Name: _____ Department Name: _____

Student ID: _____ Program Name: _____

Substitutions:

Relevant course(s) completed:

	Institution	Department	Course Number	Course Title	Credit Hours	Grade Received	Year Taken
1							
2							
3							
4							
5							

Will be substituted for:

	Institution	Department	Course Number	Course Title	Credit Hours
1					
2					
3					
4					
5					

Exemption by Examination:

	Exempted Course	Name of Exam Taken	Date of Exam	Grade Received
1				
2				
3				
4				
5				

Student Signature

Date

Department Chair or Designee Signature / Name Printed

Date

Approved by the Office of Academic Affairs, SPH

Date