

UNIVERSITY OF MICHIGAN – SCHOOL OF PUBLIC HEALTH

EXEMPTION-OR-SPECIAL SUBSTITUTION REQUEST
 (please submit a separate form for each subject area)

Student Name _____
 (please print)

I.D. # _____

Program of Study _____

First Term Enrolled: (MO) _____ (YR) _____

Area in which exemption or special substitution is
 requested _____

A. RELEVANT COURSE(S) COMPLETED OR COURSE(S) TO BE SUBSTITUTED:

Institution	Department	Course No.	Title	Credit		Grade	Yr Taken
				Sem Hrs	Qtr Hrs		

B. EXEMPTION BY EXAMINATION:

Course _____ Date of Examination _____ Grade _____

APPROVED: _____
DEPT CURRICULUM COMMITTEE CHAIR SIGNATURE **DATE**

APPROVED: _____
SCHOOL REGISTRAR SIGNATURE **DATE**