

**DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH
BREADTH, INTEGRATION AND CAPSTONE (BIC)**

REQUEST FOR EXEMPTION OR SPECIAL SUBSTITUTION

Student's Name _____ Date _____

I.D.# _____ Enrolled (First Term) _____
TERM YR

Advisor _____ Sub-Plan EH HN HSAT IH
 OEE TX RS Dietetics

Area in which exemption or special substitution is requested:

- _____ *Biostatistics*
- _____ *Health Behavior and Health Education*
- _____ *Health Management and Policy*
- _____ *Environmental Health Sciences*
- _____ *Capstone*

Student's Signature _____

Advisor's Signature _____

Complete all relevant parts (attach additional materials as required):

A. Relevant courses(s) completed or courses(s) to be substituted

Institution	Department	Course No	Title	Credit Hrs Semester or Qtr	Grade	Year Taken

B. Exemption by examination

Department	Course No	Title	Date of Examination	Grade

C. Other

_____ Approved
 _____ Disapproved

_____ EHS Professional Degree Program Chair

_____ Date