

DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES

**REQUEST FOR EHS COURSE
EXEMPTION OR SPECIAL SUBSTITUTION**

Student's Name _____ Date _____

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

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

Student's Signature _____

Advisor's Signature _____

Course in which exemption or special substitution is requested:

| Department | Course No | Title | Instructor |
|------------|-----------|-------|------------|
| | | | |

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 Academic/Professional Degree Committee Chair

 Date