UTHealth | School of Public Health
The University of Texas Health Science Center at Houston

# Request for a Course Substitution, Transfer or Waiver

***Substitution and eligibility:*** Students may request to substitute a prescribed course requirement listed on the degree planner with another course. The requested course must have been completed at UTHealth School of Public Health.

***Transfer and eligibility:*** Students may request to transfer a course completed outside of UTHealth School of Public Health to be put towards the student's open elective space on the degree planner.

- **Petition for Transfer of Credits:** Courses that are taken after starting the School of Public Health program. Requests must be submitted using this form and receive approval prior to registering for the outside course.
- **Transfer of Earned External Credit:** Courses that were taken prior to starting the School of Public Health.

***Waiver and eligibility****:* Students may request to waive a course requirement on the degree planner by demonstrating that equal or higher-level competencies were attained through a previously completed course outside of UTHealth School of Public Health. Approved waivers do not count towards total credit hours for a degree, like transfers or substitutions, and the student is required to meet the minimum credit hours as stated on the degree planner.

*Students must submit a copy of the syllabus of the course submitted for review (from the semester completed) and a copy of their transcript, when requesting a transfer or waiver.*

*Policy 308 Transfer of External Credits, Course Substitutions and Waivers* provides more information and restrictions.

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**Name:** _____ **Student ID:** _____

**Degree Program:** _____ **Major:** _____

**Request Type:** _____ **SPH Requirement:** _____

**Course Submitted for Review:**

| Prefix & Number | Course Title | Credits | Final Grade | Semester & Year Completed |
|---|---|---|---|---|
| | | | | |

**SPH Course to be Replaced:**

| Prefix & Number | Course Title | Credits | Final Grade | Semester & Year Completed |
|---|---|---|---|---|
| | | | | |

***For waivers only, course instructor approval:*** _____

**Rationale for request:**

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**Approvals**

_____ _____ _____

*Faculty Advisor/Certificate Coordinator*, Printed* *Faculty Advisor/ Certificate Coordinator*, Signature* *Date*

*Substitutions for a certificate elective require the approval of the Certificate Coordinator.

For Office Use Only

_____ _____ Student Plan Code _____ Admit Term: _____

*Office of Academic Affairs Representative* *Date:*

Submit documents with signatures to:
Office of Academic Affairs and Student Services (SPHStudentRecords@uth.tmc.edu)