## colorado school of public health

UNIVERSITY OF COLORADO COLORADO STATE UNIVERSITY UNIVERSITY OF NORTHERN COLORADO

## **Elective Course Substitution**

It is expected that students will take the majority of his/her electives from CSPH course offerings. However, students may explore options for electives outside of CSPH. Course approvals should be obtained from the faculty advisor **PRIOR** to registering for the course. Please complete the form below, detailing the course and how it will contribute to your educational plan. A course description or syllabus of the current class must accompany this request.

Name		CSPH Student ID Date			<del>-</del>
Program/Campus Concentration/Focu		s Area	<del></del>	CSPH Email	
Substitute with the following course:					
University/College Offering Course:		Semester To Be Taken:			
This substituted course is <u>letter graded</u> (not Pass/Fail)		Yes	No		
Justification for Course Subst	itution:				
Signature, Concentration/C	 Campus Director	Date	<del> </del>	Approved	Denied
,	•				
Signature, Assoc Dean for	Academic Affairs	Date	· · · · · · · · · · · · · · · · · · ·	Approved	Denied
5.g. (a.c., 7, 6000 Doul 101	, toddonia / mano	Date			
Please	return form to the Office o	of Academic	and Stu	ıdent Affairs:	

Email: ColoradoSPH.AcademicAffairs@ucdenver.edu