

Required Course/Concentration Required Area Substitution Request

Course approvals should be obtained from the Concentration Director/ Campus Director and Associate Dean of Academic Affairs **PRIOR** to registering for the course. Please describe how the substituted course will address and assess the competencies of the original course and how it will contribute to your educational plan in ways that the required course does not. **A course syllabus must accompany this request.**

Name ColoradoSPH Student ID Date

Program/Campus Concentration Semester/Year of Matriculation

Required Course (Number and Title) or Concentration Required Area:

Course (Number and Title) Requesting to Substitute for Required Course/Concentration Required Area:
: _____

Is Substitution a ColoradoSPH Course? Yes No If no, Institution: _____

- Yes No The competencies for the required course or concentration required area are addressed in the substituted course. Documentation of equivalent competencies must be provided with this request.
- Yes No The competencies for the required course or concentration required area are assessed in the substituted course. Documentation of the assessment(s) must be provided with this request.

Justification for Course Substitution:

FOR OFFICE USE ONLY

Comments:

_____ Signature, Concentration Director (if applicable)	_____ Date	Approved	Denied
_____ Signature, Campus Director (if applicable)	_____ Date	Approved	Denied
_____ Signature, Associate Dean for Academic Affairs	_____ Date	Approved	Denied

Submit Completed and Signed Form to the Office of Academic Affairs:

Email: ColoradoSPH.AcademicAffairs@ucdenver.edu