



COURSE SUBSTITUTION

U - - Student's BU ID Number Student's Last Name Student's First Name

Student's Expected Graduation Date (MM/YYYY) Student's Signature - written signature or image of signature required

Degree: [ ] MPH [ ] BA/MPH [ ] BS/MPH [ ] MBA/MPH [ ] JD/MPH [ ] MS/MPH [ ] MD/MPH [ ] MSW/MPH

MPH Functional Certificate: \_\_\_\_\_

MPH Second Certificate: \_\_\_\_\_

[ ] MS [ ] PhD [ ] DrPH in \_\_\_\_\_ Program

I approve SPH \_\_\_\_\_ Credits \_\_\_\_\_
to substitute/replace the REQUIRED COURSE \_\_\_\_\_ Credits \_\_\_\_\_
or to fulfill the following requirement area: \_\_\_\_\_ for the \_\_\_\_\_ certificate/program.
Justification/Comments
Certificate/Program Director Name (Printed) Certificate/Program Director Signature (written signature or image of signature) Date