

Registrar's Office

Boston University | School of Public Health 715 Albany St, Talbot 210C | Boston, MA 02118 P (617) 358-3434 Email sphregr@bu.edu

COURSE SUBSTITUTION

| Student's BU ID Number Student's Last Name | | ne | Student's First Name | | |
|--|---|---------------------------|--|--------------------|--|
| Student's Expected | d Graduation Date (MM/YYYY) Student | t's Signature - writte | n signature or image of signature required | | |
| Degree: | ☐ MPH ☐ BA/MPH ☐ BS/MPMPH Functional Certificate: | | H 🗆 JD/MPH 🗆 MS/MPH 🗆 MD | | |
| | MPH Second Certificate: | | | | |
| | □ MS □ PhD □ DrPH in | Program | | | |
| Lannrova | | Course # | Course Title | Credits | |
| l approve | | SPH Course # | Course Title | | |
| to substitute | e/replace the REQUIRED COURSE | <u>:</u> | | | |
| or to fulfill t | he following requirement area: _ | | | for the | |
| · | | | cer | tificate/program. | |
| Justification | /Comments | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Certificate/Progr | ram Director Name (Printed) | Certificate/Program (| Director Signature (written signature or image | of signature) Date | |