UIC Global Health Program
Global Health Elective Petition

Student Information:
Name: Last   First
UIIN#   UIC E-Mail Address   Alternative Email Address
Telephone

Degree Information:
Current degree program: MS ☐ MPH ☐   Academic Division
Date matriculated: Semester   Year
Expected graduation date: Semester   Year

Proposed Elective Course Information:
Course   Course Title
Anticipated Semester
Instructor
Have you included a course syllabus and description?   Yes   No

Justification for petition:
Please provide a brief justification regarding why you believe this course should satisfy your global health elective requirement:

Signature:
Student: _______________________________   Date: __________________________

PROCESS FOR SUBMISSION:
1) Complete and sign this form
2) Attach all required documentation (syllabus and course description)
3) Submit petition and documentation via email to Keith Partyka (kpartyka@uic.edu)

Please direct questions to:
Keith Partyka, MSW
Academic Advisor, Global Health Program
312-355-3219
Kpartyka@uic.edu
GLOBAL HEALTH PROGRAM

Reviewed by: ___________________________ ___________________________ Date: ______
(print name) (signature)

GLOBAL HEALTH COMMITTEE

Approve: ___________ Deny: ___________

If denied, please provide an explanation: