

UIC Global Health Program *Global Health Elective Petition*

Student Information:

Name: Last First

UIN# 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

Office use only:

Date received _____

GLOBAL HEALTH PROGRAM

Reviewed by: _____ Date: _____
(print name) (signature)

GLOBAL HEALTH COMMITTEE

Approve: _____ Deny: _____

If denied, please provide an explanation: