

UNIVERSITY OF FLORIDA DEPARTMENT OF EPIDEMIOLOGY COURSE TRANSFER REQUEST FORM

I am requesting that the Curriculum Committee approve the transfer of the following credit hours, as indicated on my transcript. I've attached the syllabi for all courses (except Dep't Courses) and a Cover Letter explaining why this course transfer should be allowed. My mentor and advisor have approved this request. I have met the requirement for timely submission. I am still in my first semester of enrollment.

Student Name					Signature						_ Date		
Academic Advisor Name					Signature				Date				
TRANSFERI	NG FROM					REQUE	STING TRA	ANSFER	ΓΟ UF * υ	se page	2 for explanat	tion	
Institution (i.e. Pitt)	Course Prefix & Number	Course Title	Credits	Grade	Term & Year	Title	Equivalent and cory if Requir	Number			Curriculum i elective)	Credits at UF	Chair Check if approved
The Curricu	lum Commi	ttee approves these cre	dits towa	ards the	program	of study	for the Ph	D in Epic	demiolog	gy.			II
Date: Com			nmittee Chair							Total Hours			
*upon appr	oval, Progra	am Assistant will enter r	equest ir	nto stude		Entered	in GIMS an	d PhD St	udent Da	atabase	e (Date/Initi te/Initial) _		
Epidemiolo	gy Departm	ent Chair Initial		_ Date _									

Explanation of Request to Transfer by Course.

Course of Study (i.e. MPH) in which courses were completed ______

Please enter course title and explain why this course should be accepted for its UF equivalent course or category IF the course is not the same course.

Course Title	UF Equivalent or Category	Explanation