

# Colorado School of Public Health

## Colorado State University – Master of Public Health

### Course Petition Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student UCD ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Concentration/Focus Area: \_\_\_\_\_

I request that the following course be counted toward my focus area/concentration course requirements.  
\*\*For courses outside of the public health curriculum, a syllabus must accompany this request.

Select one:

\_\_\_ Apply toward *required* focus area courses

\_\_\_ Apply toward *elective* focus area courses

\_\_\_ Apply toward *general elective* courses

CSPH or CSU course number: \_\_\_\_\_ Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_

Justification:

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\_\_\_\_\_  
Signature, Focus Area/Concentration Lead Faculty

\_\_\_ Approved  
\_\_\_ Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature, Director of CSU MPH Program

\_\_\_ Approved  
\_\_\_ Denied

Date: \_\_\_\_\_