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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_______________________________________________ ___Approved _______________ Date:_____________
Signature, Focus Area/Concentration Lead Faculty ___Denied

_______________________________________________ ___Approved _______________ Date:_____________
Signature, Director of CSU MPH Program ___Denied