

## **Degree Audit Course Substitution Request**

First and Last Name Freeman Lewis	<b>Panther ID#</b> 6345006	FIU Email Address flewi017@fiu.edu	
Select Degree Level:    Master's Doctor Select Concentration:    Biostatistics   Biostatistics Data Analyt     Environmental Health Sciences	ics rain, Behavior and the Environment □EH pidemiology ealth Economics □HPM Health Systems	Research	
Please meet with faculty advisor to discuss cour that the official transcripts must be on FIU reco complete a Graduate Inclusion Form in addition	rds. If you completed public health courses as		
Required Course (or area name on PDA) Course Name: Health Promotion Communication Theory and Design	Requested Course Substitution (or are Course Name: Health Communication Theory and Practice		
Course prefix and number: PHC-6600	Course prefix and number GCHB-7010	Term: Year: Credits: Fall 2021 3	Grade: A-
Required Course (or area name on PDA) Course Name: Program Development and Evaluation in Health Promotion	Requested Course Substitution (or are Course Name: Monitoring and Evaluation of Health Programs	From Institution Tulane University	
Course prefix and number: PHC-6750	Course prefix and number SBPS-6340	Term: Year: Credits: Spring 2022 3	Grade: A-
Required Course (or area name on PDA) Course Name: Public Health Behavior Change Theory and Practice	Requested Course Substitution (or are Course Name: Social and Behavioral Aspects of Global Public Health		
Course prefix and number: PHC-5409	Course prefix and number SBPS 6030	Term: Year: Credits: Fall 2020 3	Grade: A
Required Course (or area name on PDA) Course Name:	Requested Course Substitution (or are Course Name:	From Institution	
Course prefix and number:	Course prefix and number	Term: Year: Credits:	Grade:
Required Course (or area name on PDA) Course Name:	Requested Course Substitution (or are Course Name:	ra name on PDA) From Institution	
Course prefix and number:	Course prefix and number	Term: Year: Credits:	Grade:
Required Course (or area name on PDA) Course Name:	Requested Course Substitution (or are Course Name:	ra name on PDA) From Institution	
Course prefix and number:	Course prefix and number	Term: Year: Credits:	Grade:
Please return completed form(s) to Zoraya Argu Student Signature: Frasma	, Date:	iu.edu for processing.	
Faculty Advisor Signature: Date:			
Department Chair /or GPD Signature:	Date:		