**Department of Public Health Approval Form**

**Name:** Click or tap here to enter text. **E-number**: Click or tap here to enter text.

**Local Address:**

Street: Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

**Permanent Address:**

Street: Click or tap here to enter text. City:

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

**Major option – Select one:**

Community Health: Health Administration:  Health Communication:

Emergency Management and Disaster Preparedness:

**Course Information:**

|  |  |
| --- | --- |
| Hours transferred |  |
| Semester expected to graduate |  |
| Cumulative GPA |  |
|  |  |

Name:



**STUDENTS: From the list provided below, SELECT the faculty members with whom you have completed a class.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty** | **Approve** | **Disapprove** | **Comments by faculty:** |
| Cavanaugh |  |  |  |
| Cotner |  |  |  |
| DeRuiter-Willems |  |  |  |
| Dietz |  |  |  |
| Harvey |  |  |  |
| Hillier |  |  |  |
| McCausland |  |  |  |
| Phillips |  |  |  |
| Rhoads |  |  |  |
| Simons |  |  |  |

**\*\*A copy of this form MUST be submitted with the portfolio**