**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**