



College of Public Health

Completion of Requirements: ALL INFORMATION MUST BE TYPED or PRINTED

Name: _____ NU ID # _____

Academic Program: _____ Expected Grad Term: Fall / Spring / Summer Year _____

1. Attach with this document your completed Plan of Study form. The Plan of Study form must be signed/dated by student and academic advisor.

2. Did you have any transfer of credit that was approved? If yes, then include the name of the institution and the number of credit hours.

Institution 1: _____ # of credit hours _____

Institution 2: _____ # of credit hours _____

Institution 3: _____ # of credit hours _____

3. Did you have any approved course substitutions? If yes, include course & course substitute.

Required Course: _____ Substitute Course: _____

Required Course: _____ Substitute Course: _____

Required Course: _____ Substitute Course: _____

4. Do you have any *Incomplete* grades on your transcript? If yes, how do you plan to resolve them before graduation?

5. Submit Completion of Requirements form and a signed Plan of Study to Office of Educational Services: Tymaree Sing, MCPH 2053 or tsing@unmc.edu