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

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