Health and Social Behavior

COURSE APPROVAL FORM
(Please provide Course Syllabus)

Course Title: ____________________________________________________________

Course Number: _________________________________________________________

Taught by: ______________________________________________________________

Student requesting approval: _____________________________________________

Mark the box to indicate which HSB requirement this course meets:

Requirements

☐ SPH School-wide  ☐ Health, Race and Social Equity
☐ Core Courses  ☐ Electives
☐ Research Methods

The reason for this request:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Approved by:

_________________________________________ Date ________________________

HSB Faculty Adviser

OFFICE OF HEALTH AND SOCIAL BEHAVIOR ONLY

Program Chair Signature: ______________________________________________
Program Chair Printed Name: ___________________________ Date: ________

Please submit form via email to hsbprogram@berkeley.edu or to the HSB Student Affairs Office in 207L.