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
☐ Capstone

The reason for this request:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Approved by:

_________________________________________  ____________________________
HSB Faculty Adviser  Date

OFFICE OF HEALTH AND SOCIAL BEHAVIOR ONLY

Program Chair Signature: ______________________________________ Date: ______
Program Chair Printed Name: ________________________________ Date: ______

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