

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

- | | |
|---|---|
| <input type="checkbox"/> SPH School-wide | <input type="checkbox"/> Health, Race and Social Equity |
| <input type="checkbox"/> Core Courses | <input type="checkbox"/> Electives |
| <input type="checkbox"/> Research Methods | <input type="checkbox"/> Capstone |

The reason for this request:

Approved by:

HSB Faculty Adviser

Date

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.