

ADVANCED STANDING REQUEST FORM

Student ID:

INSTRUCTIONS:

- 1. Fill out the form completely and include all the information for each course.
- 2. Email the completed form and course syllabus for each individual course to the Office of Student and Academic Services at cph@unthealth.edu.

STUDENT INFORMATION:

Student Name: _____

UNT Health Course you request Advanced Standing for:	Course taken at another university	University Name	Semester/ Year	Semester Credit Hours/Grade Received
Example: BIOS 5300: Biostatistics for PH	STATS 6000: Statistics for Health	University of Public Health	Spring 2013	3 SCH/A
Advisor Signature	 Date	Associate Dean Signature	Date	

*Please use the additional rows below as needed

UNT Health Course you request Advanced Standing for:	Course taken at another university	University Name	Semester/ Year	Semester Credit Hours/Grade Received
Example:	STATS 6000: Statistics for Health	University of Public Health	Spring	3 SCH/A
BIOS 5300: Biostatistics for PH			2013	