



**University of Louisville**  
**College of Education and Human Development**  
**Health Professions Education Certificate**

Name \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Degree Program \_\_\_\_\_  
 Content Area (if applicable) \_\_\_\_\_

Education Advising Center  
 College of Education and  
 Human Development  
 University of Louisville  
 Louisville, KY. 40292  
 (502) 852-5597

Required Course (course number, title, and hours)	Substitution (course number, title, and hours)

***Please list courses transferred from other Colleges/Universities.***

Course (course number and title)	SEMESTER HOURS	University or College

**NOTES** (any additional information regarding student's program)

**THIS PROGRAM SHEET MUST BE SIGNED BY THE ADVISOR AND THE STUDENT AND SUBMITTED TO THE EDUCATION ADVISING CENTER BEFORE THE STUDENT CAN BE UNCONDITIONALLY ADMITTED TO THIS PROGRAM. ONLY 6 HOURS TAKEN IN NONDEGREE STATUS CAN BE TRANSFERRED TO A MASTERS DEGREE.**

Advisor \_\_\_\_\_ Date \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_

Copy to: EAC  Student  Advisor  Dept.