

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.