



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Population Health MS/PhD Graduate Program



PHS 699/990 Authorization Request Form

Student Name: _____ Today's Date: _____

Student ID #: _____ Email Address: _____

Name of Your Course Instructor: _____

Which Course Do You Plan to Enroll In? (check one) 699 990

Which Term? Fall _____ Spring _____ Summer _____

For PHS 990:

Please have a faculty member send their approval to Quinn Fullenkamp at qhfullen@wisc.edu or have a faculty member sign below.

For PHS 699:

Please complete items A and B below.

A. What is the scope of the course?

B. What will the student do?

Student Signature _____

Date: _____

Course Director Signature _____

Date: _____

This original form must be filed in the MS/PhD Graduate Program Office (WARF 744). You will be contacted by email when you are authorized to enroll.