

**SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE**

Health Experience Completion Request Form

Request for transfer course to meet the Health Experience requirement

Student Name _____ University ID 800 _____

e-ID _____ Phone: _____

The Health Experience was designed to be flexible, and to allow for possibility of both course and non-course fulfillment. Students only need to successfully complete one Health Experience to meet the General Education requirement.

Transfer course information:

*Syllabus or summary of course activities must be attached

Institution _____ Course _____

Term Completed _____

Explanation of how transfer course relates to at least one of the health experience goals:

Attached documentation:

The General Education Committee reserves the right to request additional documentation when needed. Students will be notified of the committee's decision via SIUE email. Note that if approved, an official transcript must be provided before credit will be awarded.

Student Signature

Date

Submit the request form and attached documentation to the Service Center, Rendleman Hall, room 1309, or mail to: SIUE, Service Center, Box 1080, Edwardsville, IL 62026.

Date Rec'd	Date to Gen Ed Committee:	Date Student Notified:
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