

DEPARTMENT OF EPIDEMIOLOGY
REQUEST TO WAIVE OR SUBSTITUTE A REQUIRED COURSE

If choosing option 1 or 2 below,

this form must be accompanied by an official transcript and a syllabus of the course used to justify the waiver or substitution.

Student Name _____ Email _____

Course being waived or substituted: Number _____ Name _____

Waiver or Substitution is requested based on one or more of the following:

1. **Waiver (based on a previously taken, non-UW course):** The student has covered essentially all the material in the course at a different institution. *(No course may be used more than once as a waiver justification)*

Course Number and Name _____

Institution _____ Date taken _____

2. **Substitution (based on a previously taken UW course):** The student has covered essentially all the material in the course in a more advanced or related UW course. *(No course may be used more than once as a substitute)*

Course Number and Name _____

3. **Waiver (based on professional experience):** The student has covered essentially all the material through practical work experience. Please explain below.

Required signatures (in order). Please sign only if you approve.

1. _____
Student Signature *(required for all waivers)* Date

2. _____
Advisor Signature *(required for all waivers)* Date

3. _____
Instructor of Course for Which Waiver is Requested Date
(Required only for waiving any EPI course, for the following MPH core requirements ENVH 511, HSERV 510, HSERV 511, and for the following MPH-Global Health requirements GH 511, GH 593, any GH elective)

4. _____
Chair of Department in Which Course is Offered (Or Designated Representative) Date
(Required only for the following MPH core requirements ENVH 511, HSERV 510, HSERV 511)

5. _____
Epidemiology Graduate Program Director *(required for all waivers)* Date

6. _____
Assistant Dean for Graduate Education, School of Public Health Date
(Required only for the following MPH core requirements ENVH 511, HSERV 511, and HSERV 510. Any substitutions for HSERV 510 require the professor's CV, number of contact hours and a written statement indicating how the course meets the social and behavioral science learning objectives).

PLEASE UPLOAD THIS SIGNED FORM TO YOUR DEGREE CATALYST DROPBOX.