



Program Core Requirement Course Waiver Form
Harvard T.H. Chan School of Public Health
DrPH Program

Instructions: Please complete a separate form for each course you are requesting to waive. Completed forms must be submitted with an **official academic transcript** and **course syllabus** of the course the student has taken that can meet the requirement. Forms and supporting documents should be submitted at least **1 week before** the add/drop deadline. Courses may be waived **only** with both the instructor and Jennifer Goldsmith's approval. The student is responsible for dropping the course **before** the add/drop deadline if their waiver is approved.

Student Name: _____ Harvard ID Number: _____

Information on Course Requesting to Waive:

Course ID and Title: _____

Reason for Request: _____

It is the student's responsibility to communicate all waiver requests to your academic advisor. By signing here, you acknowledge you have provided this notification.

Student Signature: _____ Date: _____

For Instructor:

Approve _____ Deny _____

For Jennifer Goldsmith:

Approve _____ Deny _____