

# PhD in Population Health Sciences

Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

## REQUEST FOR WAIVER OF PHS CORE REQUIREMENT

Use this form to request a waiver for any of the PHS Program requirements listed below. Use a separate form for each type of request. Indicate the waiver request below and provide backup documentation for your request (i.e. course syllabi, unofficial transcript, etc.). Review this request with the Field of Study Academic Administrator, your Faculty Advisor, and the instructor, obtaining her/his signature. The Field of Study will submit the documents to the PHS office for processing. **NOTE:** *The Fields of Study have specific waiver forms for their requirements. See the academic administrator for further information.*

### TO BE COMPLETED BY STUDENT

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

HUID: \_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_

ACADEMIC ADVISOR: \_\_\_\_\_

Please select the requirement you wish to waive:

EPI 201

Responsible Conduct of Research

EPI 202

(Attach a copy of completion certificate)

PHS 2000 A (Fall Semester)

SBS 506

PHS 2000 B (Spring Semester)

By signing this waiver, I recognize my responsibilities in accordance with the PHS waiver policy.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE COMPLETED BY ADVISOR, FACULTY INSTRUCTOR AND ACADEMIC ADMINISTRATOR

I have spoken with the student, reviewed their documentation and support their submission request for a waiver of this PHS core requirement.

Instructor Signature: \_\_\_\_\_

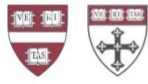
Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Field of Study Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## PHS PROGRAM WAIVER DECISION

Approved

Denied

The documentation provided demonstrates that this requirement has been met.

The documentation provided does demonstrate that this requirement has been met. The student will need to take the above PHS degree requirement.

PHS Program Signature: \_\_\_\_\_

Date: \_\_\_\_\_

cc:  Student  Course Instructor  Academic Advisor  Academic Administrator  PHS Office

Student File