

DEPARTMENT OF EPIDEMIOLOGY

Waiver of Requirement Request Form



Student Name

HUID#

Advisors Name

Advisor's e-mail address

Course Name and Number requesting to be waived

As the above named students advisor, I have spoken with the student and approve their submission request for a waiver of the above named course.

Advisors Signature

Date

The syllabus and transcript information received on your previous academic work shows that you have completed comparable course work to that in the above named course and the Department of Epidemiology approves your request to waive this requirement.

The information received as part of your request to waive the course listed above is not comparable to the course offered at HSPH and you will need to take the above named course to fulfill your degree requirement.

Signature of Reviewer

Date