

**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 \_\_\_\_\_

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

1. **Waiver (based on a previously taken, non-UW course):** *(No course may be used more than once as a waiver justification)*

Number and Name of UW course you would like to waive \_\_\_\_\_

Previously taken course info: Number and Name \_\_\_\_\_

Institution \_\_\_\_\_ Date taken \_\_\_\_\_

2. **Substitution (based on enrollment in a UW graduate level course):** *(No course may be used more than once as a substitute)*

Number and Name of UW course, or general requirement (e.g. SPH Elective), being substituted for \_\_\_\_\_

Number and Name of UW course being taken as a substitute \_\_\_\_\_

- *If you would like to include additional information to support justification of your request, you may do so on the back of this form or on a separate sheet.*

3. **Waiver (based on professional experience):** The student has covered essentially all the material through practical work experience. *Please briefly explain the work being used to justify your request on the back of this form or on a separate sheet.*

Number and Name of UW course you would like to waive \_\_\_\_\_

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

1. \_\_\_\_\_  
Student Signature *(required for all waivers and substitutions)* Date

2. \_\_\_\_\_  
Advisor Signature *(required for all waivers and substitutions)* Date

3. \_\_\_\_\_  
Instructor of Course for Which Waiver or Substitution is Requested Date  
*(Required only for waiver or substitution of 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 and substitutions)* 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 THE EPI STUDENTS CANVAS SITE.**