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 ___________________ 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
   (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) __________________________ Date _________________

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

5. __
   Epidemiology Graduate Program Director (required for all waivers and substitutions) __________________________ Date _________________

6. __
   Assistant Dean for Graduate Education, School of Public Health
   (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). __________________________ Date _________________

PLEASE UPLOAD THIS SIGNED FORM TO THE EPI STUDENTS CANVAS SITE.