Department of Epidemiology
Waiver for Epidemiology Course Requirement

All Epidemiology students are expected to meet the course requirements and competencies for their major or minor degree program in Epidemiology. In the event a student has already taken a comparable course as to one that is required in the Division, and therefore perceives he/she should be exempt from a particular course, the student should discuss the possibility of exemption with his/her academic advisor. The student must be able to provide documentation that proves the comparability of the course and the successful completion of that course.

In the event a student has acquired work experience that he/she perceives should provide exemption from a particular course, the student should discuss the possibility of exemption with his/her academic advisor. The student must provide documentation of the work experience that proves the comparability of the work experience to the course’s learning objectives.

Both the academic advisor and course instructor must approve of the exemption before the signed waiver form is submitted to office of Academic Affairs and Student Services for retention in the student’s records. Please note that a successful exemption does not confer credit hours. Other courses will need to be taken to fulfill credit hour requirements.

Documentation provided to the course instructor(s) and academic advisor in support of the waiver (at least one must be checked):
- Transcripts documenting relevant course grade(s)
- Syllabus of the completed course(s)
- Learning objectives of the completed course(s)
- Documentation of relevant work experience
- Other (e.g., work or course products):

__________________________________________

Student’s name (please print): ____________________________

Student’s degree program (check one): [ ] MPH [ ] MS [ ] PhD

Student’s Major Program (please print): ____________________________

Student’s Minor Program (please print): ____________________________

Academic Advisor (please print): ____________________________

Course (Title and Number) to be waived: ____________________________

__________________________________________

Academic Advisor Signature Date

__________________________________________

Course Instructor Signature for Waived Course Date