CORE COURSE WAIVER

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

To Be Completed by Student (return original to Office of Admissions)

Student's Name: _____ _____
LAST FIRST

Student ID/SS#: _____ - _____ - _____

Student's email address: _____

Request Waiver for:

Course Number _____

Course Title _____

This request is based on: _____

_____

_____

Supporting documentation (course syllabus, catalog description):

_____

_____

_____

. . . . . .

FOR FACULTY USE ONLY

I have reviewed the transcripts, course syllabus and/or catalog. Based on this review, I recommend that this course be waived. (Signatures must be obtained and dated in the exact order shown below.)

1. Advisor's signature _____ Date _____
2. Course Professor's signature _____ Date _____
3. Chair (where course resides) _____ Date _____

(Revised 11/2005)