

# CORE COURSE WAIVER

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

## To Be completed by Student

Student's Name \_\_\_\_\_

Student Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Request Waiver for:

Course Number: \_\_\_\_\_

Course Title \_\_\_\_\_

This request is based on: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supporting documentation (course syllabus, catalog description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 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 obtain 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: \_\_\_\_\_

cc: Student file  
Advisor  
Department